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FILED  
HARRISBURG, PA

JUN 20 2001

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF PENNSYLVANIA

Per MARY E. D'ANDREA, CLERK  
Deputy Clerk

RONALD TILLMAN,  
Plaintiff

v.

DONALD ROMINE, et al.,  
Defendants

Civil No. 1:CV-00-2041  
(Caldwell, J.)

RECORD TO BRIEF IN SUPPORT OF THE DEFENDANTS'  
MOTION FOR SUMMARY JUDGMENT

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Dated: June 20, 2001

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IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

1:00-CV-02041

v.

Donald Romine, etal  
Defendant

DECLARATION OF A.W. ALEXANDER

I, A.W. Alexander, hereby state:

1. I am presently employed as a Unit Manager for the Bureau of Prisons at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am aware that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke.
2. During the time period relevant to this complaint, inmate Tillman was assigned to E-block, which is one of the housing units which my Unit Team supervises. The housing unit is a modified dormitory styled unit. Each inmate has his own four-walled cubicle. Inmate Tillman did not have a cellmate. The first floor of E-block is a non-smoking floor. Smoking is permitted on the second and third floors of E-block. Inmate Tillman was assigned to the non-smoking first floor.
3. I recall that inmate Tillman complained to me about some inmates smoking on the first floor of E-block. I asked him to identify the inmates, but he refused to do so. Because inmate Tillman would only make vague allegations, the problem was more difficult to deal with. I discussed the issue with members of my Unit Team and instructed them to be vigilant about violations of the smoking policy. All Unit Teams members make a sincere effort to accommodate inmate's smoking preferences and enforce smoking regulations. However, it is a reality of prison administration that a very large percentage of inmates smoke and inmates frequently attempt to circumvent the institution's smoking policy.
4. Because inmate Tillman refused to provide staff with the names of the inmates he claimed were violating the smoking policy, I directed staff to conduct a "shakedown" of the entire first floor of E-block to determine if inmates possessed cigarettes. These floor-wide shakedowns were conducted on at least two occasions during the time period relevant to this complaint. Possession of cigarettes, per se, is not a violation of policy, however, and those inmates who were found to have possessed cigarettes were counseled about the institution's smoking policy and reassigned to a smoking floor.

5. Inmate Tillman was transferred from USP Lewisburg to FCI Edgefield, South Carolina, in February 2001. Inmate Tillman was from South Carolina, and concurred with the transfer.

I hereby state under penalty pursuant to the 28 U.S.C. § 1746, that the above is accurate to the best of my knowledge.



A.W. Alexander, Unit Manager  
United States Penitentiary  
Lewisburg, PA 17847

6-1-01

Date

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

1:00-CV-02041

v.

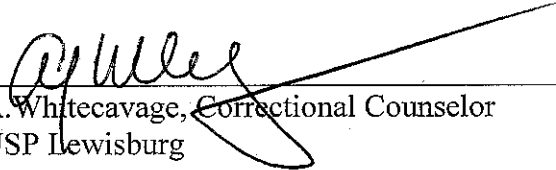
Donald Romine, etal  
Defendant

DECLARATION OF A. WHITECAVAGE

I, A. Whitecavage, hereby state:

1. I am presently employed as a Correctional Counselor for the Bureau of Prisons at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am aware that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke.
2. During the time period relevant to this complaint, inmate Tillman was assigned to E-block, which was one of the housing units I supervised. The housing unit is a modified dormitory styled unit. Each inmate has his own four-walled cubicle. Inmate Tillman did not have a cellmate. The first floor of E-block is a non-smoking floor. Smoking is permitted on the second and third floors of E-block. Inmate Tillman was assigned to the non-smoking first floor. Before any inmate was moved onto the first floor of E-block, the inmate was warned that smoking was prohibited on the first floor. Inmates who were smokers were assigned to other housing unit areas.
3. I recall that inmate Tillman complained to me generally about some inmates smoking on the first floor of E-block. However, the inmate refused to provide any specific information about who the inmates were. The Unit Manager overseeing E-block directed myself and other staff to conduct floor wide shakedowns of first floor of E-block in an effort to determine if inmates were violating the smoking policy. Any inmates who were found to be smoking on the unit were removed.

I hereby state under penalty pursuant to the 28 U.S.C. § 1746, that the above is accurate to the best of my knowledge.

  
A. Whitecavage, Correctional Counselor  
USP Lewisburg

6/5/01  
Date

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

1:00-CV-02041

v.

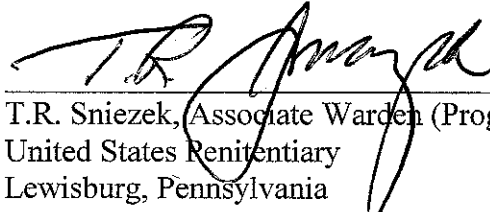
Donald Romine, etal  
Defendant


DECLARATION OF T.R. SNIEZEK

I, T.R. Sniezek, hereby state:

1. I am presently employed as the Associate Warden (Programs) for the Bureau of Prisons at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am aware that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke.
2. With regard to me, inmate Tillman only states that he came to me in March 2000, and stated that he had spoken to the Associate Warden (Custody) about the "smoking problem" he perceived in the institution. He states that I told him I would look into it.
3. I remember inmate Tillman complaining generally about smoking issues. I discussed inmate Tillman's concerns with the Unit Manager who supervises his housing unit. The Unit Manager was aware of Tillman's complaints and had organized shakedowns of the first floor of E-Block, where Tillman lived, in an effort to minimize abuse of the no-smoking policy on that unit. Therefore, it appeared the situation was being handled properly.

I hereby state under penalty of perjury pursuant to the provisions of 28 U.S.C. § 1746, that the above is true and accurate to the best of my knowledge and belief.

  
T.R. Sniezek, Associate Warden (Programs)  
United States Penitentiary  
Lewisburg, Pennsylvania

  
Date

JUN-19-01 TUE 1:57 PM

P. 3

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

1:00-CV-02041

v.


Donald Romine, etal  
Defendant

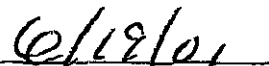
DECLARATION OF DONALD ROMINE

I, D. Romine, hereby state:

1. I am presently employed as the Warden at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am aware that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke.
2. With regard to me, inmate Tillman only states that he came to me one time in April 2000, and stated that he had spoken to the Associate Wardens over Programs and Custody, and with his Unit Manager about the "smoking problem" he perceived in the institution. He states that I told him that I would have a talk "with my officers" and directed him to go back to his Unit Manager with information about which inmates were violating the smoking policy on his unit so that those inmates could be moved.
3. I remember generally that inmate Tillman approached me with complaints about inmates violating the non-smoking policy on the first floor of E-block. Because abuse of the institution's smoking policy is a serious concern for myself and my Executive Staff, I told inmate Tillman that I would remind staff of the importance of enforcing the policy. Because, in my capacity as Warden, I am not directly involved with the day-to-day operations of the housing units with regard to cell/cube assignment, I would have directed inmate Tillman to his Unit Team to provide information about the inmates he claimed were violating the smoking policy.

I hereby state under penalty of perjury pursuant to the provisions of 28 U.S.C. § 1746, that the above is true and accurate to the best of my knowledge and belief.

  
Donald Romine, Warden  
USP Lewisburg

  
Date

JUN. -05' 01 (TUE) 13:28 FCI TALLADEGA  
JUN- 5-01 TUE 11:55 AM

TEL: 205-311-497

P. 002

P. 2

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

1:00-CV-02041

v.

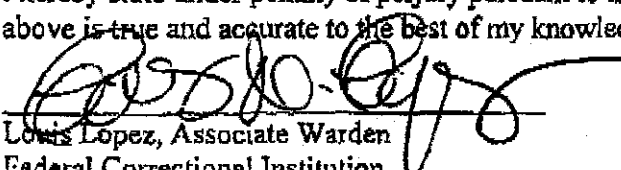
Donald Romine, etal  
Defendant

DECLARATION OF LOUIS LOPEZ

I, Louis Lopez, hereby state:

1. I am presently employed as the Associate Warden for the Bureau of Prisons at the Federal Correctional Institution (FCI) at Talladega, Alabama. During the time period relevant to this complaint, I was employed as the Associate Warden (Custody) at United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am aware that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke.
2. With regard to me, inmate Tillman only states that he told another Associate Warden that he had spoke to me "about the smoking problem throughout the institution."
3. While I do not specifically remember inmate Tillman, I do recall that occasionally an inmate would approach me to discuss a smoking issue. If the inmate wanted to be moved, either to a non-smoking floor, or to a housing unit which allowed smoking, I would direct him to his Unit Team, which handled this type of housing unit assignment. Because enforcement of the smoking policy was a concern to all the Executive staff at USP Lewisburg, the importance of enforcing the policy was discussed at roll calls for Correctional Officers and Lieutenant's meetings.

I hereby state under penalty of perjury pursuant to the provisions of 28 U.S.C. § 1746, that the above is true and accurate to the best of my knowledge and belief.

  
Louis Lopez, Associate Warden  
Federal Correctional Institution  
Talladega, Alabama

6/5/01  
Date

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

1:00-CV-02041

v.

Donald Romine, etal  
Defendant

## DECLARATION OF W. SOBLESKIE

I, W.Sobleskie, hereby state:

1. I am presently employed as a Correctional Officer at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am aware that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke.
2. With regard to me, inmate Tillman states that on one occasion, he observed me smoking on his housing unit when I came in to help with the count. On the evening of June 19, 2000, I was assisting with the evening count on E-block, when I discovered an inmate who was unconscious and unresponsive. I called for assistance and began securing the inmate's area. As medical staff arrived, I may have smoked a cigarette, as the situation was very stressful. The inmate was pronounced dead by Health Services Staff. As I was concerned with the immediate area in and around this inmate's cube, I was not aware of any other inmates smoking elsewhere on the housing unit.

I hereby state under penalty of perjury pursuant to the provisions of 28 U.S.C. § 1746, that the above is true and accurate to the best of my knowledge and belief.

W. Sobleskie, Correctional Officer  
USP Lewisburg

Date \_\_\_\_\_

JUN-20-01 WED 2:58 PM

P. 2

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

1:00-CV-02041

v.


Donald Romine, etal  
Defendant

DECLARATION OF A. ROWE

I, A. Rowe, hereby state:

1. I am presently employed as a Correctional Officer at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am aware that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke.
2. With regard to me, inmate Tillman claims that on four occasions, I "observed" an inmate smoking on the first floor of E-block and did not enforce the non-smoking policy. It is not uncommon for inmates to attempt to circumvent the institution's smoking policy and try to sneak cigarettes in unauthorized areas. It is one of the things I look for as I make rounds in a housing unit. However, there are many other things that I am concerned about as I am making my rounds such as looking for inmates who are out of bounds on the unit, signing inmate passes, handling telephone calls, supervising inmate movement, etc. Unfortunately, I cannot "observe" every inmate on the housing unit at all times.
3. Contrary to inmate Tillman's allegations, I do not "observe" inmates smoking and not enforce the policy. Inmate have little reason to try to hide their smoking from other inmates, but will try very hard to hide it from staff. Accordingly, inmate Tillman may seen the inmates smoking and staff did not. However, inmate Tillman does not allege that he brought these supposed violations of policy to my attention.

I hereby state under penalty of perjury pursuant to the provisions of 28 U.S.C. § 1746, that the above is true and accurate to the best of my knowledge and belief.

  
A. Rowe, Correctional Officer  
USP Lewisburg

6-20-01

Date

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

1:00-CV-02041

v.

Donald Romine, etal  
Defendant

DECLARATION OF R. HAMILTON

I, R. Hamilton, hereby state:

1. I am presently employed as a Correctional Officer at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am aware that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke.
2. With regard to me, inmate Tillman claims that I have "observed" inmates smoking in violation of the non-smoking policy. Specifically, inmate Tillman states that while I was shaking down an inmate's cube, an inmate was smoking in another cube. Inmate Tillman also claims that while I and another officer were "carrying" an inmate to the Lieutenant's Office, we didn't stop to enforce the smoking policy. Tillman states that on a few other occasions that inmates were smoking in "non-smoking" areas and I "did nothing".
3. Contrary to inmate Tillman's allegations, I do not "observe" inmates smoking and not enforce the policy. Inmate have little reason to try to hide their smoking from other inmates, but will try very hard to hide it from staff. Accordingly, inmate Tillman may seen the inmates smoking and I did not. However, inmate Tillman does not allege that he brought these supposed violations of policy to my attention or in several cases, he does not even specify where the alleged violation occurred. In addition, when I am shaking down an inmate's cell or cube, that job has my full attention. It is likely that I would not have known that an inmate was smoking several cubes away. Unfortunately, it is impossible to watch each and every inmate every minute. Likewise, when staff are escorting an inmate to the Lieutenant's Office, that is the task that is the most pressing at that moment. Many times, inmates are taken to the Lieutenant's Office for serious rules infractions and resist staff efforts to take them there. Although I do not remember seeing other inmates smoking, given that I was escorting an inmate, I may have given that priority over stopping to deal with a smoking violation at that moment.

I hereby state under penalty of perjury pursuant to the provisions of 28 U.S.C. § 1746, that the above is true and accurate to the best of my knowledge and belief.



R. Hamilton, Correctional Officer  
USP Lewisburg

6-2-01

Date



IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

v.

Donald Romine, etal  
Defendant

1:00-CV-02041

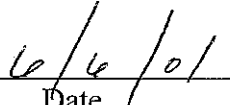
DECLARATION OF M. KRATZER

I, M. Kratzer, hereby state:

1. I am presently employed as a Correctional Officer at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am aware that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke.
2. With regard to me, inmate Tillman claims that I "observed" inmates smoking on the first floor of E-block and did not enforce the non-smoking policy. It is not uncommon for inmates to attempt to circumvent the institution's smoking policy and try to sneak cigarettes in unauthorized areas.
3. Contrary to inmate Tillman's allegations, I do not "observe" inmates smoking and not enforce the policy. Inmate have little reason to try to hide their smoking from other inmates, but will try very hard to hide it from staff. Accordingly, inmate Tillman may seen the inmates smoking and staff did not. However, inmate Tillman does not allege that he brought these supposed violations of policy to my attention.

I hereby state under penalty of perjury pursuant to the provisions of 28 U.S.C. § 1746, that the above is true and accurate to the best of my knowledge and belief.

  
\_\_\_\_\_  
M. Kratzer, Correctional Officer  
USP Lewisburg

  
\_\_\_\_\_  
Date

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

1:00-CV-02041

v.

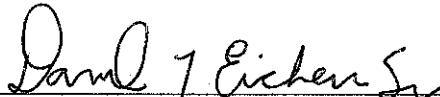
Donald Romine, etal  
Defendant

DECLARATION OF D. EICHNER

I, D. Eichner, hereby state:

1. I am presently employed as a Correctional Officer at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am aware that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke.
2. With regard to me, inmate Tillman claims that I "observed" inmates smoking on the first floor of E-block and did not enforce the non-smoking policy. I am aware of the smoking policy in E-block and make a sincere effort to enforce it. However, it is not uncommon for inmates to attempt to circumvent the institution's smoking policy and try to sneak cigarettes in unauthorized areas.
3. Contrary to inmate Tillman's allegations, I do not "observe" inmates smoking and not enforce the policy. Inmate have little reason to try to hide their smoking from other inmates, but will try very hard to hide it from staff. Accordingly, inmate Tillman may seen the inmates smoking and staff did not. However, inmate Tillman does not allege that he brought these supposed violations of policy to my attention. Further, when I am conducting a "shakedown" of an inmate's cube, that task has my full attention and it is unlikely I would know if an inmate was sneaking a cigarette elsewhere in the unit. Unfortunately, it is impossible to watch each individual inmate every minute.

I hereby state under penalty of perjury pursuant to the provisions of 28 U.S.C. § 1746, that the above is true and accurate to the best of my knowledge and belief.



D. Eichner, Correctional Officer  
USP Lewisburg

6-2-01

Date

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA)

Ronald Tillman  
Plaintiff

1:00-CV-02041

v.


Donald Romine, etal  
Defendant

DECLARATION OF J. LUTZ

I, J. Lutz, hereby state:

1. I am presently employed as a Correctional Officer at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am aware that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke.
2. With regard to me, inmate Tillman claims that I "observed" inmates smoking on the first floor of E-block and did not enforce the non-smoking policy. It is not uncommon for inmates to attempt to circumvent the institution's smoking policy and try to sneak cigarettes in unauthorized areas.
3. Contrary to inmate Tillman's allegations, I do not "observe" inmates smoking and not enforce the policy. Inmate have little reason to try to hide their smoking from other inmates, but will try very hard to hide it from staff. Accordingly, inmate Tillman may seen the inmates smoking and staff did not. However, inmate Tillman does not allege that he brought these supposed violations of policy to my attention.

I hereby state under penalty of perjury pursuant to the provisions of 28 U.S.C. § 1746, that the above is true and accurate to the best of my knowledge and belief.

  
J. Lutz, Correctional Officer  
USP Lewisburg

Date

6/7/01

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA)

Ronald Tillman  
Plaintiff

1:00-CV-02041

v.

Donald Romine, etal  
Defendant

DECLARATION OF R. FRASCH

I, R. Frasch, hereby state:

1. I am presently employed as a Correctional Officer at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am aware that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke.
2. With regard to me, inmate Tillman claims that I "observed" inmates smoking on the first floor of E-block and did not enforce the non-smoking policy. It is not uncommon for inmates to attempt to circumvent the institution's smoking policy and try to sneak cigarettes in unauthorized areas.
3. Contrary to inmate Tillman's allegations, I do not "observe" inmates smoking and not enforce the policy. Inmate have little reason to try to hide their smoking from other inmates, but will try very hard to hide it from staff. Accordingly, inmate Tillman may seen the inmates smoking and staff did not. However, inmate Tillman does not allege that he brought these supposed violations of policy to my attention.

I hereby state under penalty of perjury pursuant to the provisions of 28 U.S.C. § 1746, that the above is true and accurate to the best of my knowledge and belief.

R. Frasch  
R. Frasch, Correctional Officer

6-2-01  
Date

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

1:00-CV-02041

v.


Donald Romine, etal  
Defendant

DECLARATION OF D. GREENE

I, D. Greene, hereby state:

1. I am presently employed as a Correctional Counselor for the Bureau of Prisons at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am aware that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke.
2. With regard to me, inmate Tillman claims that on one day, October 5, 2000, when I was assigned to another unit, I came onto E-block twice with a cigarette. While I do not remember this particular day, it is true that when I am working another post, I may occasionally have to go into another unit for a few minutes to assist with count or deliver some item. Because I was not assigned to E-block, I was not immediately familiar with the non-smoking areas on that unit. When another staff member told me that the first floor was a non-smoking area, I immediately discarded my cigarette.

I hereby state under penalty pursuant to the 28 U.S.C. § 1746, that the above is accurate to the best of my knowledge.

  
D. Greene, Correctional Officer  
USP Lewisburg

6-1-01  
Date

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

v.

Donald Romine, etal  
Defendant

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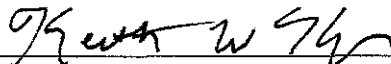
1:00-CV-02041

DECLARATION OF K. KONCIR

I, K. Koncir, hereby state:

1. I am presently employed as a Correctional Counselor for the Bureau of Prisons at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am aware that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke.
2. With regard to me, while inmate Tillman named me as a defendant in both the original and amended complaint, he did not mention me, or make any allegations at all against me in the body of the complaint.

I hereby state under penalty pursuant to the 28 U.S.C. § 1746, that the above is accurate to the best of my knowledge.

  
K. Koncir, Correctional Officer  
USP Lewisburg

6-7-01  
Date

JUN-19-01 TUE 1:57 PM

P. 2

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

1:00-CV-02041

V.

Donald Romine, etal  
Defendant

DECLARATION OF M. WINKLER

I, M. Winkler, hereby state:

1. I am presently employed as a Correctional Officer at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I have been informed that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke. However, I have not received any service of process in this action and have not seen or reviewed a copy of the complaint against me.

I hereby state under penalty of perjury pursuant to the provisions of 28 U.S.C. § 1746 that the above is true to the best of my knowledge.

M. Winkler, Correctional Officer  
USP Lewisburg

Date \_\_\_\_\_

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

1:00-CV-02041

V.

Donald Romine, etal  
Defendant

DECLARATION OF WILLIAM EY, JR.

I, William Ey, Jr., hereby state:

1. I am presently employed as Captain at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I have been informed that I have been named in the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke. However, I have not received any service of process in this action and have not seen or reviewed a copy of the complaint against me.

I hereby state under penalty of perjury pursuant to the provisions of 28 U.S.C. § 1746 that the above is true to the best of my knowledge.

William E. Jr  
USP Lewisburg

Date \_\_\_\_\_

Date 6/7/0

IN THE UNITED STATES DISTRICT COURT  
FOR THE  
MIDDLE DISTRICT OF PENNSYLVANIA

Ronald Tillman  
Plaintiff

v.

Donald Romine, etal  
Defendant

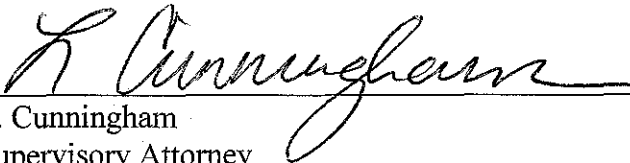
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)

DECLARATION OF L. CUNNINGHAM

I, L. Cunningham, hereby state:

1. I am presently employed by the Federal Bureau of Prisons as a Supervisory Attorney at the United States Penitentiary (USP) at Lewisburg, Pennsylvania. I am familiar with the above referenced civil action in which inmate Ronald Tillman, Reg. No. 85375-071, complains about exposure to second hand tobacco smoke. In the course of my duties at USP Lewisburg, I have access to Bureau of Prisons policies and inmate records and files.
2. Attached are true and accurate copies of the following: chronological medical records for inmate Tillman from January 1997 though Feruary 2001; inmate Tillman's receipts for commissary purchases from January 2000 through February 2001; and USP Lewisburg's Institution Supplement 1640.03, Smoking/No Smoking Areas.

I hereby state under penalty pursuant to the 28 U.S.C. § 1746, that the above is accurate to the best of my knowledge.

  
L. Cunningham  
Supervisory Attorney  
USP Lewisburg

6/5/01  
Date



U.S. Department of Justice  
Federal Bureau of Prisons  
U.S. Penitentiary  
Lewisburg, Pa. 17837

1640.03  
November 12, 2000  
Smoking/No Smoking Areas

## ***Institution Supplement***

1. PURPOSE. As a result of the Surgeon General's determination that passive inhalation of environmental tobacco smoke poses a health hazard, it is necessary to limit smoking to certain areas of the institution.
2. DIRECTIVES AFFECTED.
  - a. Directive Rescinded: Institution Supplement LEW 1640.3(a), dated June 18, 1998.
  - b. Directives Referenced: Program Statement 1640.03, Smoking/No Smoking Areas, dated July 1, 1994. **This supplement must be read with Program Statement 1640.03.. ACA 3-4202, ACA 3-4363.**
3. POLICY. It shall be the policy of this institution to establish guidelines for smoking in all areas of the institution.
4. RESPONSIBILITY. The Warden is responsible for the designation of all smoking/no smoking areas. It will be each Department Head's responsibility to ensure compliance within their respective departments.
5. IMPLEMENTATION. Unless specifically designated as a smoking area, all areas within this institution will be considered non-smoking. Designated Smoking areas must be furnished with noncombustible receptacles.

### DESIGNATED SMOKING/NON-SMOKING AREAS BY DEPARTMENT

EAST AND WEST CORRIDOR: Smoking at wall ashtrays near corridor windows. The Red Top is a No Smoking area.

SPECIAL HOUSING UNITS: Smoking will be permitted in Administrative Detention

cells. Every effort will be made to house smoking and non-smoking inmates with each other whenever possible. No smoking in Disciplinary Segregation status.

UNICOR FACTORIES:

Press: Smoking area located in the East side of Die Room.

Metal Finish: Smoking area located at the North side of grinders.

Millwright: Smoking area located to the right of the welding area.

Assembly 8: Smoking area located at the Northwest corner.

Paint #1: Smoking area located at the Southeast corner.

Final Assembly: Smoking area located at the Southeast corner adjacent to office.

Paint #2: Smoking area located at the Northwest corner adjacent to office.

Steel Warehouse: Smoking area located at the South wall between the 2nd and 3rd post.

Shearing: Smoking area located in the East side of the Die Room.

WIPA: Smoking area located Southeast corner adjacent to the office.

WIPO: Smoking area located Southeast corner adjacent to the office.

Strip/Shakedown Room: No Smoking.

Finished Goods: No smoking in this area. Smoking area located adjacent to Press Office.

Civilian Purchasing Office: Smoking permitted.

TOOL AND DIE SHOP: Smoking area located in inmate break area directly in front of office windows.

UNICOR ADMINISTRATION BUILDING: Smoking area located in room adjacent to lunch room.

VT BUILDING: Smoking area located between rest room and dental laboratory.

MECHANICAL SERVICES: Smoking area located in front of East rest room.

POWER PLANT: No smoking inside the Power Plant.

INSTITUTION'S AND UNICOR'S OUTSIDE WAREHOUSE: Smoking area is located outside at the covered docks.

ARMORY/ENTRANCE BUILDING: Smoking area located in the outside vestibule.

GARAGE: No smoking in garage.

HEALTH SERVICES: No smoking, regardless of status excluding the 2nd floor cells. (H-2 cells, when used as SHU status will follow same rules.)

RECEIVING AND DISCHARGE (R&D): Smoking only in room adjacent to elevator when not used for intake screening.

MAIL ROOM: No smoking.

EDUCATION, RECREATION, AUDITORIUM, AND ARTS & CRAFTS: No smoking.

SAFETY OFFICE AND CHAPEL: No smoking.

INSIDE WAREHOUSE: Smoking at covered rear dock.

FOOD SERVICE: Designated area in main hall adjacent to Inmate Rest Room.

HOUSING UNITS: To the extent possible, smokers will not be housed with non-smokers.

Unit 1 (A & B): Smoking in cells only.

No smoking on B-1.

B Block has a posted no smoking TV room.

Unit 2 (C & D): Smoking in cells only. C Annex is no smoking.

C and D Blocks each has a posted no smoking TV room.

Unit 3 (E, F & H): No smoking areas: E-1, F-1, H-1, and J-1

E, F, H, and J Blocks each has a posted no smoking TV room.

CMC(Holdover, I Block): No Smoking.

CORRECTIONAL SERVICES DEPARTMENT: Smoking permitted in towers, perimeter vehicles, and Control Center. Non-smoking employee preference will prevail.

CONTROL CENTER: No smoking.

OUTSIDE DETAIL SHOPS: No smoking. Smoking permitted outside.

VISITING ROOM: Designated room with air purifier.

ADMINISTRATION BUILDING: No smoking in building. Smoking in center court yard during regular business hours. Smoking in front entrance during non business hours.

ICC: No smoking.

SATELLITE CAMP: No smoking in any building. Smoking permitted outside in the designated smoking area.

USP LAUNDRY: Rear area with exhaust fan.

6. POSTING OF SMOKING SIGNS. All designated smoking areas must be posted stating "DESIGNATED SMOKING AREA".

7. CHANGING DESIGNATED AREAS: Any department requesting to change the designation of a smoking area must submit the request to the Warden through the Safety Manager. Upon receipt of the request the Safety Manager will review the area to ensure compliance with national policy. The request will then be forwarded to the Warden with recommendation for approval or disapproval.

8. OFFICE OF PRIMARY RESPONSIBILITY: Safety

9. EFFECTIVE DATE. This supplement is effective upon issuance.



Donald Romine, Warden

DISTRIBUTION:

Central Library  
All Departments

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
JOHN HAYS

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
01/31/00 Time 18:31:08p TX# 000045 39  
BEGINNING BALANCE:  
Available Balance is 250.19  
Spending Limit Balance is 250.00  
Account Balance is 250.19

QTY	DESCRIPTION	PRICE
7	HOT BEEF SAUSAGE	7.35
3	STAR KIST TUNA-WHITE	9.90
1	SPRITE 6-PK	1.90
1	COCA-COLA 6-PK	1.90
12	PINAPPLE/ORANGE JUICE	5.40
1	SA-SUN ACENT	2.40
1	GOLDEN SNACK CRACKERS	1.75
1	GOLDEN SNACK CRACKERS	1.75
4	3-MUSKETEERS	1.80
3	NUTRAGENS	1.35
1	PEANUT BUTTER-CREAMY	1.95
4	3-MUSKETEERS	1.80
4	NUTRAGENS	1.80
1	DIAL ROLL-ON DETO.	1.30
7	HONEY BUNS	5.60
1	CHIPS ANY COOKIES	2.65
1	CHIPS ANY COOKIES	2.65
1	BRITNEY AA PARASOLIC	2.30
1	COLGAT B.S. APEROXIDE	2.40
1	CRUMB DONUTS	2.25
10	NEWPORT CIG PK	28.00
1	TROPICAL CRACKERS	1.75
1	TROPICAL CRACKERS	1.75
1	HONEY	1.80
1	CALIFORNIA HOT SAUCE	1.65
1	GRAPE JELLY	1.75
1	SUN-UP ORANGE DRINK	1.65
1	SUN-UP ORANGE DRINK	1.65
14	CHILI RIVEN NOODLES	2.10
14	ORIENTAL RIVEN NOOD.	2.10
1	NACHO TORTILLA CHIPS	1.60
1	NACHO TORTILLA CHIPS	1.60
1	ITS CREDITS	30.00
	SUB TOTAL	135.00
	TOTAL	135.00
	CHARGE 85375071	
	ENDING BALANCES:	
	Available Balance is 115.19	
	Spending Limit Balance is 148.70	
	Account Balance is 115.19	

Signature *Ronald S. Tillman*  
\*\*\*THANK YOU\*\*\*

R. 25

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
JEFF ZERBE

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
01/10/00 Time 18:56:23p TX# 000067 34  
BEGINNING BALANCE:  
Available Balance is 27.59  
Spending Limit Balance is 247.50  
Account Balance is 27.59

QTY	DESCRIPTION	PRICE
1	ASSORTED DONUTS	2.25
1	GOLDEN SNACK CRACKERS	1.75
6	CHILI RIVEN NOODLES	1.90
1	BRITNEY SWEETENED CORN	1.60
1	STAR KIST TUNA-WHITE	3.30
1	HONEY	1.80
1	MILKLEWATH DOG	1.80
1	ITS CREDITS	15.00
1	ITS CREDITS	-15.00
1	ITS CREDITS	14.00
	SUB TOTAL	27.40
	TOTAL	27.40
	CHARGE 85375071	
	ENDING BALANCES:	
	Available Balance is .19	
	Spending Limit Balance is 244.10	
	Account Balance is .19	

Signature *Ronald S. Tillman*  
\*\*\*THANK YOU\*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
JOHN HAYS

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
01/03/00 Time 16:58:55p TX# 000045 39  
BEGINNING BALANCE:  
Available Balance is 98.34  
Spending Limit Balance is 98.34  
Account Balance is 98.34

QTY	DESCRIPTION	PRICE
2	HOT BEEF SAUSAGE	2.10
1	GRANDOLA-LOFAT-CRUNCH	2.15
1	ASSORTED DONUTS	2.25
1	GOLDEN SNACK CRACKERS	1.75
1	SUN-UP ORANGE DRINK	1.60
1	ORIENTAL-VARIETY-100K	3.10
2	STAR KIST TUNA-WHITE	6.60
1	NUTRAGENS SOAP	1.25
7	HONEY BUNS	5.60
1	CHIPS ANY COOKIES	2.65
1	HERSHEY W/ALMONDS	1.35
1	MAN PEANUT 10 OZ.	1.95
1	DUTCHMASTERS PALM M	1.95
1	DUTCHMASTERS PALM M	1.95
1	HONEY	1.80
1	PEANUT BUTTER-CREAMY	1.95
14	CHILI RIVEN NOODLES	2.10
1	CHEX MIX-BOLD/ZESTY	2.00
1	MIXED NUTS W/PEANUTS	3.40
1	ITS CREDITS	15.00
	SUB TOTAL	70.75
	TOTAL	70.75
	CHARGE 85375071	
	ENDING BALANCES:	
	Available Balance is 27.59	
	Spending Limit Balance is 247.50	
	Account Balance is 27.59	

Signature *Ronald S. Tillman*  
\*\*\*THANK YOU\*\*\*

USP LEW #LIMITED OFFICIAL USE\*\*  
JOHN H995

SALES INVOICE

TILLMAN, RONALD S.  
ACCOUNT NO. 85375071 UNIT 3/E-1  
02/22/00 Time 17:17:49p TX# 000021 39  
BEGINNING BALANCES:  
Available Balance is 182.84  
Spending Limit Balance is 213.25  
Account Balance is 182.84

QTY	DESCRIPTION	PRICE
2	STAR KIST TUNA-WHITE	6.60
12	PINAPPLE/ORANGE JUICE	5.40
1	COCA-COLA 6-PK	1.90
1	SPRITE 6-PK	1.90
1	SUN-UP ORANGE DRINK	1.65
1	SUN-UP ORANGE DRINK	1.65
14	ORIENTAL RAMEN NOOD	2.10
1	HONEY	1.80
3	3-MUSKETEERS	1.35
4	NUTRAGOLDS	1.80
1	CRUMB DONUTS	2.25
1	CRUMB DONUTS	2.25
7	HONEY BUNS	5.60
1	GOLDN SNACK CRACKERS	1.75
1	TIDE LAUNDRY DETRINT	1.70
1	SENSOR RAZORS	5.60
1	HERSHEY W/ALMONDS	1.55
1	HERSHEY W/ALMONDS	1.55
1	CHIPS ANYO COOKIES	2.65
1	CHIPS ANYO COOKIES	2.65
1	SENSOR RAZORS	5.60
1	SENSOR RAZ CARTRIDGE	5.90
1	\$ .33 STAMP BOOK****	6.60
1	\$ .33 STAMP BOOK****	6.60
1	ITS CREDITS	15.00
10	PHOTO TICKETS	10.00
	SUB TOTAL	92.20
	TOTAL	92.20
	CHARGE 85375071	92.20

ENDING BALANCES:

Available Balance is 90.64  
Spending Limit Balance is 166.85  
Account Balance is 90.64

Signature *Ronald S. Tillman* \*\*\*\*THANK YOU\*\*\*

USP LEW #LIMITED OFFICIAL USE\*\*  
JEFF ZERBE

SALES INVOICE

TILLMAN, RONALD S.  
ACCOUNT NO. 85375071 UNIT 3/E-1  
02/14/00 Time 16:25:26p TX# 000001 34  
BEGINNING BALANCES:  
Available Balance is 152.04  
Spending Limit Balance is 250.00  
Account Balance is 152.04

QTY	DESCRIPTION	PRICE
1	SPRITE 6-PK	1.90
6	PINAPPLE/ORANGE JUICE	2.70
1	CRUMB DONUTS	2.25
10	NEWPORT CIG PK	29.00
2	3-MUSKETEERS	.90
2	\$5.00 COPY CARD	11.20
	SUB TOTAL	47.95
	TOTAL	47.95
	CHARGE 85375071	47.95

ENDING BALANCES:

Available Balance is 104.09  
Spending Limit Balance is 213.25  
Account Balance is 104.09

Signature *Ronald S. Tillman* \*\*\*\*THANK YOU\*\*\*

USP LEW #LIMITED OFFICIAL USE\*\*  
JEFF ZERBE

SALES INVOICE

TILLMAN, RONALD S.  
ACCOUNT NO. 85375071 UNIT 3/E-1  
02/07/00 Time 17:08:22p TX# 000002 34  
BEGINNING BALANCES:  
Available Balance is 175.19  
Spending Limit Balance is 250.00  
Account Balance is 175.19

QTY	DESCRIPTION	PRICE
1	COCA-COLA 6-PK	1.90
1	SPRITE 6-PK	1.90
1	SUN-UP ICE TEA DRINK	1.65
1	LITTLE ONE PRETZELS	1.80
1	MIN PEANUT 10 OZ.	1.95
6	PINAPPLE/ORANGE JUICE	2.70
2	CRAN PRINCE WACKEREL	2.00
1	HONEY	1.80
7	HONEY BUNS	5.60
1	STAR KIST TUNA-WHITE	3.30
1	CRUMB DONUTS	2.25
1	CRUMB DONUTS	2.25
1	CHIPS ANYO COOKIES	2.65
1	COCA BUTTER SOUP	1.35
1	HERSHEY W/ALMONDS	1.55
1	PETROLEUM JELLY-7 OZ	1.05
7	NUTRAGOLDS	3.15
1	POPCORN-ACT II MICRO	1.65
1	POPCORN-ACT II MICRO	1.65
1	MAGIC SHAVE GOLD	1.90
1	THIN SPAGHETTI-16 OZ	1.00
1	THIN SPAGHETTI-16 OZ	1.00
1	COLGAT B.S. APEROXIDE	2.40
14	ORIENTAL RAMEN NOOD	2.10
1	COLGAT B.S. APEROXIDE	2.40
1	CLOSE-UP TOOTH PASTE	1.25
	SUB TOTAL	49.40
	TOTAL	49.40
	CHARGE 85375071	49.40

ENDING BALANCES:

Available Balance is 125.79  
Spending Limit Balance is 206.15  
Account Balance is 125.79

Signature *Ronald S. Tillman* \*\*\*\*THANK YOU\*\*\*

USD LEN #LIMITED OFFICIAL USE\*\*  
JEFF ZERBE

SALES INVOICE

TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
03/06/00 Time 17:15:08p TX# 000003 34  
BEGINNING BALANCE:

Available Balance is 151.54  
Spending Limit Balance is 166.85  
Account Balance is 151.54

QTY	DESCRIPTION	PRICE
2	STAR KIST TUNA-WHITE	6.60
1	SPRITE 6-PK	1.90
1	CECA-COLA 6-PK	1.90
12	PINEAPPLE/ORANGE JUICE	5.40
1	SUN-UP ORANGE DRINK	1.65
1	SUN-UP ORANGE DRINK	1.55
1	MEDICATED SKIN CREAM	2.50
7	HONEY BUNS	5.60
3	HOT BEEF SAUSAGE	3.15
1	DUPLEX SANDWICH CDM.	1.60
1	DUPLEX SANDWICH CDM.	1.60
12	NEWPORT CIG PK	36.60
1	CRUMB DONUTS	2.25
1	CRUMB DONUTS	2.25
1	ITS CREDITS	8.00
	SUB TOTAL	82.65
	TOTAL	82.65

CHARGE 85375071

ENDING BALANCES:

Available Balance is 68.89  
Spending Limit Balance is 94.70  
Account Balance is 68.89

Signature  
\*\*\*THANK YOU\*\*\*

USD LEN #LIMITED OFFICIAL USE\*\*  
JOHN HARRIS

SALES INVOICE

TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
03/20/00 Time 17:22:38p TX# 000009 39  
BEGINNING BALANCE:

Available Balance is 21.04  
Spending Limit Balance is 250.00  
Account Balance is 68.89

QTY	DESCRIPTION	PRICE
1	COLIN SNACK CRACKERS	1.75
2	STAR KIST TUNA-WHITE	6.60
1	HERSHEY W/ALMONDS	1.55
1	HERSHEY W/ALMONDS	1.55
14	ORIENTAL RAMEN NOOD	2.10
1	CHIPS ANDY COOKIES	2.65
1	CRUMB DONUTS	2.25
6	HONEY BUNS	4.80
6	HONEY BUNS	4.80
5	HONEY BUNS	4.00
5	HONEY BUNS	4.00
5	REESEY'S STICKS	2.25
	SUB TOTAL	20.70
	TOTAL	20.70

CHARGE 85375071

ENDING BALANCES:

Available Balance is 34  
Spending Limit Balance is 229.30  
Account Balance is 48.19

Signature  
\*\*\*THANK YOU\*\*\*

USD LEN \*\*LIMITED OFFICIAL USE\*\*  
ROBERT KROSE

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
04/03/00 Time 18:35:20p TX# 000034 32  
BEGINNING BALANCE:  
Available Balance is 151.92  
Spending Limit Balance is 254.30  
Account Balance is 199.77

QTY DESCRIPTION PRICE

1	SUN-UP ORANGE DRINK	1.65
1	SUN-UP ORANGE DRINK	1.65
2	STAR KIST TUNA-WHITE	6.60
1	CALIB DONUTS	2.25
1	TIDE LAUNDRY DETERGENT	1.70
1	COLGAT B.S. PEROXIDE	2.40
2	STAR KIST TUNA-WHITE	6.60
1	DIAL ROLL-ON DEOD.	1.30
7	HARVEY CHILI	9.10
1	PERNUT BUTTER-CREAMY	1.95
1	HONEY	1.80
1	GRAPPE JELLY	1.75
1	BULON SNACK CRACKERS	1.75
1	TROPICAL CRACKERS	1.75
1	NACHO TORTILLA CHIPS	1.60
1	SA-SUN ACCENT	2.40
1	NACHO TORTILLA CHIPS	1.60
7	HONEY BUN	5.6

0  
20 NEWPORT CIG PK 61.00  
14 CHILI RAMEN NOODLES 2.10  
14 ORIENTAL RAMEN NOOD 2.10  
7 REESE'S STICKS 3.15  
1 85375-071 \$47.85 47.85  
1 ITS CREDITS 30.00  
SUB TOTAL 199.65  
TOTAL 199.65  
CHARGE 85375071 199.65

ENDING BALANCE:

Available Balance is .12  
Spending Limit Balance is 132.50  
Account Balance is 12

Signature *Ronald S. Tillman* \*\*\*THANK YOU\*\*\*

USD LEN \*\*LIMITED OFFICIAL USE\*\*  
STEVE LATSHA

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
04/17/00 Time 18:33:28p TX# 000063 55  
BEGINNING BALANCE:  
Available Balance is 50.12  
Spending Limit Balance is 275.00  
Account Balance is 50.12

QTY DESCRIPTION PRICE

1	SPRITE 6-PK	1.90
1	Coca-Cola 6-PK	1.90
1	SUN-UP ICE TEA DRINK	1.65
2	STAR KIST TUNA-WHITE	6.60
1	HONEY	1.80
2	CHIPS ANDY COOKIES	5.30
1	BULON SNACK CRACKERS	1.75
7	NUTRAGEONS	3.15
1	ITS CREDITS	20.00
1	HERSHEY STRAWBERRY	1.25
1	HERSHEY STRAWBERRY	1.25
1	SUN-UP ICE TEA DRINK	-1.65
1	SUN-UP ORANGE DRINK	1.65
1	ASST DONUT-CINN	2.25
	SUB TOTAL	48.80
	TOTAL	48.80

CHARGE 85375071

ENDING BALANCE:

Available Balance is 1.32  
Spending Limit Balance is 246.20  
Account Balance is 1.32

Signature *Ronald S. Tillman* \*\*\*THANK YOU\*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
JEFF ZERBE

SALES INVOICE  
TILLMAN, RONALD S. UNIT 3/E-1  
ACCOUNT No. 85375071  
05/01/00 Time 17:12:37p TX# 000004 34

BEGINNING BALANCES:  
Available Balance is 48.01  
Spending Limit Balance is 275.00  
Account Balance is 48.01

QTY	DESCRIPTION	PRICE
1	HERSHEY STRAWBERRY	1.25
1	SPRITE 6-PK	1.90
1	Coca-Cola 6-PK	1.90
1	SUN-UP ORANGE DRINK	1.65
1	SUN-UP ORANGE DRINK	1.65
1	SUCCESS WHITE RICE	1.95
1	TRADITIONAL CRACKERS	1.70
1	HONEY	1.80
1	GOLDEN SNACK CRACKERS	1.75
14	CHILI RAVEN NOODLES	2.10
14	RAVEN HOT/SPICY NOOD	2.80
1	DUPLEX SANDWICH CRN.	1.60
1	DUPLEX SANDWICH CRN.	1.60
1	HERSHEY M/ALMONDS	1.55
7	HONEY RUN	5.60
1	MIDDLESMITH 880	1.80
1	MIDDLESMITH 880	1.80
3	STAR KIST TUNA-WHITE	9.90
7	MILKY WAY CANDY BAR	3.15
	SUB TOTAL	47.45
	TOTAL	47.45

CHARGE 85375071  
ENDING BALANCES:  
Available Balance is .56  
Spending Limit Balance is 227.55  
Account Balance is .56

Signature  
\*\*\*THANK YOU\*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
DAVID FORELMAN

SALES INVOICE  
TILLMAN, RONALD S. UNIT 3/E-1  
ACCOUNT No. 85375071  
06/05/00 Time 16:56:37p TX# 000003 35

BEGINNING BALANCES:  
Available Balance is 10.24  
Spending Limit Balance is 275.00  
Account Balance is 10.24

QTY	DESCRIPTION	PRICE
6	RAVEN ROASTED CHIC.	1.20
1	MIDDLESMITH 880	1.80
1	STAR KIST TUNA-WHITE	3.30
1	DUPLEX SANDWICH CRN.	1.60
1	GOLDEN SNACK CRACKERS	1.75
1	REESE'S P.B. CUPS	.45
1	YORK PEPPERMINT PATTY	.45
1	YORK PEPPERMINT PATTY	.45
	SUB TOTAL	10.10
	TOTAL	10.10

CHARGE 85375071  
ENDING BALANCES:  
Available Balance is .14  
Spending Limit Balance is 264.90  
Account Balance is .14

Signature  
\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
STEVE LATSHA

SALES INVOICE  
TILLMAN, RONALD S. UNIT 3/E-1  
ACCOUNT No. 85375071  
06/12/00 Time 17:00:45p TX# 000012 55

BEGINNING BALANCES:  
Available Balance is 38.14  
Spending Limit Balance is 264.90  
Account Balance is 38.14

QTY	DESCRIPTION	PRICE
4	HOMEL CHILI	5.20
2	SUN-UP ORANGE DRINK	3.30
1	HONEY	1.80
714	HOT BEEF SAUSAGE	749.70
714	HOT BEEF SAUSAGE	-749.70
3	HOT BEEF SAUSAGE	3.15
1	DUPLEX SANDWICH CRN.	1.60
1	SUCCESS WHITE RICE	1.95
2	STAR KIST TUNA-WHITE	6.60
2	HERSHEY M/ALMONDS	3.10
1	DIAL ROLL-ON DEOD.	1.30
1	BATTERY 9A, PANASONIC	2.30
7	HONEY RUN	5.60
1	GOLDEN SNACK CRACKERS	1.75
3	HONEY RUN	-2.40
1	SUCCESS WHITE RICE	-1.95
14	RAVEN ROASTED CHIC.	2.80
1	MIDDLESMITH 880	1.80
	SUB TOTAL	37.90
	TOTAL	37.90

CHARGE 85375071  
ENDING BALANCES:  
Available Balance is .24  
Spending Limit Balance is 227.00  
Account Balance is .24

Signature  
\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
DAVID FOGELMAN

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
07/24/00 Time 16:52:14p TX# 000002 35  
BEGINNING BALANCES:  
Available Balance is 100.96  
Spending Limit Balance is 187.00  
Account Balance is 100.96

QTY DESCRIPTION	PRICE
1 HERSHEY W/ALMONDS	1.55
1 HERSHEY W/ALMONDS	1.55
1 COCA-COLA 6-PK	1.90
1 COCA-COLA 6-PK	1.90
4 SUN-UP ORANGE DRINK	6.60
1 CRUMB DONUTS	2.25
1 HONEY	1.80
3 HOT BEEF SAUSAGE	3.15
7 MOUNDS	3.15
1 SUCCESS WHITE RICE	1.95
1 SUCCESS WHITE RICE	1.95
2 STAR KIST TUNA-WHITE	6.60
1 SA-SUN ACCENT	2.40
1 JELLY EGGS-JOLLY RAN	1.05
1 JELLY EGGS-JOLLY RAN	1.05
7 HORMEL CHILI	9.10
1 GOLD SNACK CRACKERS	1.75
1 TROPICAL CRACKERS	1.70
7 HONEY BUN	5.60
1 DUPLEX SANDWICH CRM.	1.60
1 DUPLEX SANDWICH CRM.	1.60
1 MIDDLESWARTH BBQ	1.80
1 CHOCOLATE CHIP	1.90
SUB TOTAL	62.90
TOTAL	62.90
CHARGE 85375071	62.90

ENDING BALANCES:  
Available Balance is 38.06  
Spending Limit Balance is 124.10  
Account Balance is 38.06

*Ronald S. Tillman*  
Signature  
\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
DAVID FOGELMAN

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
07/24/00 Time 16:57:23p TX# 000005 35  
BEGINNING BALANCES:  
Available Balance is 38.06  
Spending Limit Balance is 124.10  
Account Balance is 38.06

QTY DESCRIPTION	PRICE
1 DIAL ROLL-ON DEOD.	1.30
SUB TOTAL	1.30
TOTAL	1.30
CHARGE 85375071	1.30

ENDING BALANCES:  
Available Balance is 36.76  
Spending Limit Balance is 122.80  
Account Balance is 36.76

*Ronald S. Tillman*  
Signature  
\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
ROBERT KASE

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
07/03/00 Time 16:55:06p TX# 000003 32  
BEGINNING BALANCES:  
Available Balance is 97.46  
Spending Limit Balance is 275.00  
Account Balance is 97.46

QTY DESCRIPTION	PRICE
2 SUN-UP ORANGE DRINK	3.30
1 SUCCESS WHITE RICE	1.95
2 GOLD SNACK CRACKERS	3.50
5 CRAN PRINCE MACKEREL	5.00
4 HORMEL CHILI	5.20
1 POPCORN-ACT II MICRO	1.65
10 NEWPORT CIG PK	30.50
2 HERSHEY W/ALMONDS	3.10
1 DENTAL FLOSS	4.50
2 STAR KIST TUNA-WHITE	6.60
2 DUPLEX SANDWICH CRM.	3.20
2 CRUMB DONUTS	4.50
14 RAMEN HOT/SPICY NOOD	2.80
7 HONEY BUN	5.60
145 RAMEN ROASTED CHIC.	21.75
145-RAMEN ROASTED CHIC.	21.75
14 RAMEN ROASTED CHIC.	2.10
1 LITTLE ONE PRETZELS	1.80
1 MIDDLESWARTH BBQ	1.80
1 CHOCOLATE CHIP	1.90
SUB TOTAL	88.00
TOTAL	88.00
CHARGE 85375071	88.00

ENDING BALANCES:  
Available Balance is 9.46  
Spending Limit Balance is 187.00  
Account Balance is 9.46

*Ronald S. Tillman*  
Signature  
\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
DAN LOCKUFF

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
08/28/00 Time 16:48:54p TX# 000005 43  
BEGINNING BALANCES:  
Available Balance is 89.87  
Spending Limit Balance is 224.75  
Account Balance is 89.87

QTY DESCRIPTION	PRICE
4 SUN-UP ORANGE DRINK	6.60
1 HONEY	1.80
1 GOLDN SNACK CRACKERS	1.75
7 HORNEL CHILI	9.10
2 STAR KIST TUNA-WHITE	6.60
1 MEGAS COTTON SWABS	.90
1 BATTERY AA, PANASONIC	2.30
1 HERSHEY W/ALMONDS	1.55
1 HERSHEY W/ALMONDS	1.55
1 CHOCOLATE DONUTS	2.25
1 SA-SUN ACCENT	2.40
1 CHOCOLATE DONUTS	2.25
1 SUCCESS WHITE RICE	1.95
1 SUCCESS WHITE RICE	1.95
1 TROPICAL CRACKERS	1.70
7 MILKY WAY	3.15
14 RAMEN ROASTED CHIC.	2.80
14 RAMEN HOT/SPICY NOOD	2.80
1 DUPLEX SANDWICH CRM.	1.60
4 HOT BEEF SAUSAGE	4.20
7 HONEY BUN	5.60
1 NACHO TORTILLA CHIPS	1.60
1 MIDDLESWARTH BBQ	1.80
1 CHOCOLATE CHIP	.90
SUB TOTAL	69.10
TOTAL	69.10
CHARGE 85375071	69.10

ENDING BALANCES:  
Available Balance is 20.77  
Spending Limit Balance is 155.65  
Account Balance is 20.77

*Ronald S. Tillman*  
Signature  
\*\*\* ALL SALES ARE FINAL \*\*\*

0  
USP LEW \*\*LIMITED OFFICIAL USE\*\*  
ROBERT KASE

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
08/07/00 Time 16:22:20p TX# 000001 32  
BEGINNING BALANCES:  
Available Balance is 50.62  
Spending Limit Balance is 275.00  
Account Balance is 50.62

QTY DESCRIPTION	PRICE
2 STAR KIST TUNA-WHITE	6.60
1 GOLDN SNACK CRACKERS	1.75
1 CRUMB DONUTS	2.25
1 HONEY	1.80
10 NEWPORT CIG PK	30.50
1 HERSHEY W/ALMONDS	1.55
1 MIDDLESWARTH BBQ	1.80
7 HONEY BUN	5.60
7-HONEY BUN	-5.60
6 HONEY BUN	4.80
6-HONEY BUN	-4.80
5 HONEY BUN	4.00
SUB TOTAL	50.25
TOTAL	50.25
CHARGE 85375071	50.25

ENDING BALANCES:  
Available Balance is .37  
Spending Limit Balance is 224.75  
Account Balance is .37

*Ronald S. Tillman*  
Signature  
\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
ROBERT KASE

SALES INVOICE

TILLMAN, RONALD S.

ACCOUNT No. 85375071

UNIT 3/E-1

09/18/00 Time 17:40:05p TX# 000009 32

BEGINNING BALANCES:

Available Balance is 132.45

Spending Limit Balance is 229.60

Account Balance is 132.45

QTY DESCRIPTION	PRICE
1 Coca-Cola 6-PK	1.90
1 Coca-Cola 6-PK	1.90
3 STAR KIST TUNA-WHITE	3.90
1 M&M'S SHAVE GELD	1.90
1 PETROLEUM JELLY-7 OZ	1.65
1 SUN-UP ORANGE DRINK	1.65
1 SUCCESS WHITE RICE	1.95
1 SUCCESS WHITE RICE	1.95
7 HOPPEL CHILI	9.10
1 BOLIN SNACK CRACKERS	1.75
1 HONEY	1.80
10 NEWPORT CIG PK	31.50
1 MIT GERMANY SHAMPOO	1.90
10 ROMEN HOT/SPICY NOOD	2.00
10 ROMEN MARSHED CHIC.	1.35
1 HERSHEY W/ALMONDS	1.35
1 HERSHEY WALMONDS	1.30
1 DIAL ROLL-ON DEOD.	1.95
1 M&M PEANUT 10 OZ.	1.95
1 M&M PEANUT 10 OZ.	1.95
7 HOT BEEF SAUSAGE	7.35
1 CHOCOLATE DONUTS	2.25
1 CHOCOLATE DONUTS	2.25
1 TROPICAL CRACKERS	1.70
1 MIDDLESWARTH PLAIN	1.80
7 TITX BARS	3.15
7 HONEY BUN	5.60
1 CHOCOLATE CHIP	.90
SUB TOTAL	106.80
CHARGE 85375071	106.80

ENDING BALANCES:

Available Balance is 25.66

Spending Limit Balance is 122.80

Account Balance is 25.66

Signature

\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
STEVE LATSHA

SALES INVOICE

TILLMAN, RONALD S.

ACCOUNT No. 85375071

UNIT 3/E-1

09/05/00 Time 16:32:13p TX# 000006 35

BEGINNING BALANCES:

Available Balance is 20.61

Spending Limit Balance is 275.00

Account Balance is 20.61

QTY DESCRIPTION	PRICE
2 BUTTERSCOTCH KRUMPET	4.80
1 SUCCESS WHITE RICE	1.35
6 HONEY BUN	4.80
1 MIDDLESWARTH BBQ	1.80
1 STAR KIST TUNA-WHITE	3.30
6 MILKY WAY	2.70
SUB TOTAL	19.35
CHARGE 85375071	19.35

ENDING BALANCES:

Available Balance is 1.26

Spending Limit Balance is 255.65

Account Balance is 1.26

Signature

\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
DAVID FOGELMAN

SALES INVOICE

TILLMAN, RONALD S.

ACCOUNT No. 85375071

UNIT 3/E-1

09/11/00 Time 16:57:20p TX# 000004 35

BEGINNING BALANCES:

Available Balance is .11

Spending Limit Balance is 229.50

Account Balance is .11

QTY DESCRIPTION	PRICE
7-PAYDAY CANDY BAR	-3.15
1 MIDDLESWARTH BBQ	1.80
1 HERSHEY'S CHOCOLATE	1.25
SUB TOTAL	-1.10
TOTAL	-1.10
CREDIT 85375071	-1.10

ENDING BALANCES:

Available Balance is .21

Spending Limit Balance is 229.60

Account Balance is .21

Signature

\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
DAVID FOGELMAN

SALES INVOICE

TILLMAN, RONALD S.

ACCOUNT No. 85375071

UNIT 3/E-1

09/11/00 Time 16:55:35p TX# 000003 35

BEGINNING BALANCES:

Available Balance is 26.26

Spending Limit Balance is 229.65

Account Balance is 26.26

QTY DESCRIPTION	PRICE
1 CHOCOLATE DONUTS	2.25
1 CHOCOLATE DONUTS	2.25
14 ROMEN HOT/SPICY NOOD	2.80
14 PAYDAY CANDY BAR	6.30
1 SUN-UP ORANGE DRINK	1.65
1 SUN-UP ORANGE DRINK	1.65
1 SUN-UP ORANGE DRINK	1.65
1 SUN-UP ORANGE DRINK	1.65
1 SUCCESS WHITE RICE	1.95
7 HONEY BUN	5.60
5 HONEY BUN	4.00
SUB TOTAL	26.15
CHARGE 85375071	26.15

ENDING BALANCES:

Available Balance is .11

Spending Limit Balance is 229.50

Account Balance is .11

Signature

\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW #LIMITED OFFICIAL USE\*\*  
JEFF ZERBE

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 65375071 UNIT 3/E-1  
10/17/00 Time 18:38:15p TX# 000066 34  
BEGINNING BALANCES:

Available Balance is 201.08  
Spending Limit Balance is 240.05  
Account Balance is 201.08

QTY	DESCRIPTION	PRICE
1	PEPSI-COLA 6-PK	1.90
1	PEPSI-COLA 6-PK	1.90
7	CROWN PRINCE MACKEREL	7.00
10	PINEAPPLE/DANDE JUICE	4.50
1	TOUTSIE POPS	1.35
1	TOUTSIE POPS	1.35
30	NEWPORT CIG PK	94.50
1	VITAMIN C	1.90
1	BATTERY AAA PANASONIC	2.30
1	BUTCHMISTERS PALMA M	1.95
1	BUTCHMISTERS PALMA M	1.95
1	COCA BUTTER LOTION	1.60
1	VITAMIN E	3.70
1	GRANOLA-LOFAT-CRUNCH	3.15
1	DATNEAL-VARIETY-100K	3.10
10	MARLBORO BOX PK	31.50
1	DUPLEX SANDWICH CRL.	1.60
1	STRAWBERRY JELLY	2.00
2	HOT BEEF SAUSAGE	2.10
1	GOLDN SNACK CRACKERS	1.75
1	GOLDN SNACK CRACKERS	1.75
1	HONEY	1.80
1	BATTERY AAA PANASONIC	2.35
1	PEANUT BUTTER-CHERRY	1.95
1	CAPT BLACK TOBACCO	2.75
1	COCA BUTTER STICK	1.20
1	WATONWISE - B&B	.70
1	MIDLESWORTH B&B	1.80
10	MIDLESWORTH B&B	1.80
10	RAWEN ROASTED CHIC.	2.00
1	CHOCOLATE DONUTS	2.25
1	CHOCOLATE DONUTS	2.25
3	REESE'S P.B. CUPS	1.35
4	TWIX BARS	1.80
	SUB TOTAL	198.45
	CHARGE 65375071	198.45

ENDING BALANCES:

Available Balance is 2.63  
Spending Limit Balance is 41.60  
Account Balance is 2.63

*Ronald S. Tillman*  
Signature

USP LEW #LIMITED OFFICIAL USE\*\*  
JEFF ZERBE

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 65375071 UNIT 3/E-1  
10/24/00 Time 18:31:45p TX# 000062 34  
BEGINNING BALANCES:

Available Balance is 2.63  
Spending Limit Balance is 41.60  
Account Balance is 2.63

QTY	DESCRIPTION	PRICE
1	DIAL ROLL-ON DEOD.	1.30
1	TOOTHBRUSH/TEK/MED.	.45
	SUB TOTAL	1.75
	CHARGE 65375071	1.75

ENDING BALANCES:

Available Balance is .88  
Spending Limit Balance is 39.85  
Account Balance is .88

*Ronald S. Tillman*  
Signature

\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW #LIMITED OFFICIAL USE\*\*  
DAVID FORELMAN

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 65375071 UNIT 3/E-1  
10/03/00 Time 17:11:05p TX# 000006 35  
BEGINNING BALANCES:

Available Balance is 36.03  
Spending Limit Balance is 275.00  
Account Balance is 36.03

QTY	DESCRIPTION	PRICE
1	GOLDN SNACK CRACKERS	1.75
3	HUMEL CHILI	3.90
1	PEPSI-COLA 6-PK	1.90
7	HONEY BUN	5.60
1	BATTERY AA PANASONIC	2.30
1	SUCCESS WHITE RICE	1.95
1	SUCCESS WHITE RICE	1.95
1	CHOCOLATE DONUTS	2.25
1	CHOCOLATE DONUTS	2.25
1	HERSHEY B/ALMONDS	1.55
7	TWIX BARS	3.15
14	RAWEN ROASTED CHIC.	2.80
1	MIDLESWORTH PLAIN	1.80
1	MIDLESWORTH PLAIN	1.80
2	MIDLESWORTH PLAIN	3.60
	SUB TOTAL	34.95
	CHARGE 65375071	34.95

ENDING BALANCES:

Available Balance is 1.08  
Spending Limit Balance is 240.05  
Account Balance is 1.08

*Ronald S. Tillman*  
Signature

\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
ROBERT KASE

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
11/07/00 Time 19:45:04p TX# 000068 32  
BEGINNING BALANCES:  
Available Balance is 113.21  
Spending Limit Balance is 275.00  
Account Balance is 113.21

QTY DESCRIPTION PRICE

1	SURGE 6-PK	1.90
1	PEPSI-COLA 6-PK	1.90
2	STAR KIST TUNA	6.60
3	CRAN PRINCE MACKEREL	3.00
4	JALAPENO FISH STEAK	3.60
1	CUDA BUTTER LOTION	1.60
3	CHICKEN VIENNA SAUS	2.70
1	KEEFE COFFEE CREAMER	1.25
1	KEEFE COFFEE CREAMER	1.25
2	HORMEL CHILI	2.60
1	TONE SOAP	1.00
1	TONE SOAP	1.00
10	ROMEN ROASTED CHIC.	2.00
1	GOLDN SNACK CRACKERS	1.75
1	GOLDN SNACK CRACKERS	1.75
1	BUTTERSCOTCH KRIMPET	2.40
1	BUTTERSCOTCH KRIMPET	2.40
1	DUPLEX SANDWICH CRM.	1.60
1	DUPLEX SANDWICH CRM.	1.60
4	HOT BEEF SAUSAGE	4.20
4	ROMEN ROASTED CHIC.	.80
1	CLOSE-UP TOOTHPASTE	1.25
1	DIAL ROLL-ON DEOD.	1.30
2	7 OZ. RFR'D PINTO/CH	3.20
7	HONEY BUN	5.95
7	CACTUS TORTILLAS	2.80
7	NUTRAGEOUS	3.15
1	NACHO TORTILLA CHIPS	1.60
1	NACHO TORTILLA CHIPS	1.60
1	MIDDLESMARTH PLAIN	1.80
1	MIDDLESMARTH PLAIN	1.80
1	CHOCOLATE CHIP	.90
1	CHOCOLATE CHIP	.90
1	VENDING CREDIT SALE	10.00
	SUB TOTAL	83.15
	TOTAL	83.15
	CHARGE 85375071	

ENDING BALANCES:  
Available Balance is 30.06  
Spending Limit Balance is 191.85  
Account Balance is 30.06

Signature  
\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
ROBERT KASE

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
11/14/00 Time 18:30:34p TX# 000080 32  
BEGINNING BALANCES:  
Available Balance is 20.06  
Spending Limit Balance is 191.85  
Account Balance is 20.06

QTY DESCRIPTION PRICE

7	CRAN PRINCE MACKEREL	7.00
1	PEANUT BUTTER-CREAMY	1.95
1	TONE SOAP	1.00
1	TONE SOAP	1.00
1	BUTTERSCOTCH KRIMPET	2.40
1	BIG CAT-KIT KAT	.45
1	JELLY EGGS-JOLLY RAN	1.05
1	HERSHEY BAR PLAIN	1.55
1	HERSHEY BAR PLAIN	1.55
1	MIDDLESMARTH BRQ	1.80
	SUB TOTAL	19.75
	TOTAL	19.75
	CHARGE 85375071	

ENDING BALANCES:  
Available Balance is .31  
Spending Limit Balance is 172.10  
Account Balance is .31

Signature  
\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
ROBERT KASE

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
11/28/00 Time 18:35:39p TX# 000062 32  
BEGINNING BALANCES:  
Available Balance is 100.31  
Spending Limit Balance is 172.10  
Account Balance is 100.31

QTY DESCRIPTION PRICE

1	ORANGE BREAKFAST DRINK	1.60
1	ORANGE BREAKFAST DRINK	1.60
1	SHAMROCK ICED TEA	1.60
7	CRAN PRINCE MACKEREL	7.00
4	JALAPENO FISH STEAK	3.60
7	BIG CAT-KIT KAT	3.15
2	STAR KIST TUNA	6.60
1	PNT BUTT KANDY KAKE	2.65
1	PNT BUTT KANDY KAKE	2.65
1	WAT GERMANY CONDITM	1.50
1	BATTERY D, PANASONIC	2.25
1	BATTERY D, PANASONIC	2.25
1	MIXED NUTS W/PEANUTS	3.40
1	HERSHEY BAR PLAIN	1.55
1	HERSHEY BAR PLAIN	1.55
1	ICED OATMEAL COOKIES	1.60
1	ICED OATMEAL COOKIES	1.60
1	MIDDLESMARTH BRQ	1.80
1	MIDDLESMARTH PLAIN	1.80
14	ROMEN HOT/SPICY NOOD	2.80
14	ROMEN ROASTED CHIC.	2.80
1	CHOCOLATE CHIP	.90
1	VENDING CREDIT SALE	10.00
	SUB TOTAL	66.25
	TOTAL	66.25
	CHARGE 85375071	

ENDING BALANCES:  
Available Balance is 34.06  
Spending Limit Balance is 105.85  
Account Balance is 34.06

Signature  
\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
JEFF ZERBE

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
12/05/00 Time 18:33:51p TX# 000057 34  
BEGINNING BALANCES:  
Available Balance is 56.66  
Spending Limit Balance is 325.00  
Account Balance is 56.66

QTY	DESCRIPTION	PRICE
1	SA-SUN ACCENT	2.25
1	GOLDN SNACK CRACKERS	1.75
1	ORANGE BREAKFAST DRINK	1.60
1	TONE SOAP	1.00
1	STAR KIST TUNA	3.30
7	HONEY BUN	3.95
7	BIG CAT KIT KAT	3.15
1	HONEY	1.80
1	JELLY EGGS-JELLY RAN	1.05
7	HOT BEEF SAUSAGE	7.35
1	CRUNCHY CURLS	1.75
1	CRUNCHY CURLS	1.75
1	ICED OATMEAL COOKIES	1.60
1	ICED OATMEAL COOKIES	1.60
1	ICED OATMEAL COOKIES	1.60
	SUB TOTAL	37.50
	TOTAL	37.50
	CHARGE 85375071	37.50

ENDING BALANCES:  
Available Balance is 19.16  
Spending Limit Balance is 297.50  
Account Balance is 19.16

Signature *Ronald S. Tillman*  
\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
JEFF ZERBE

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
12/05/00 Time 18:33:47p TX# 000079 34  
BEGINNING BALANCES:  
Available Balance is 10.15  
Spending Limit Balance is 297.50  
Account Balance is 10.15

QTY	DESCRIPTION	PRICE
1	CHOC CHIP ICE CREAM	1.25
1	BEER-COLA 5.00	1.50
1	1000 CARAMEL DEVICES	1.50
1	1000 CARAMEL DEVICES	1.50
7	BIG CAT KIT KAT	3.15
1	PENDING CREDIT SALE	-10.85
1	PENDING CREDIT SALE	-10.85
	SUB TOTAL	8.50
	TOTAL	8.50

ENDING BALANCES:  
Available Balance is .55  
Spending Limit Balance is 297.50  
Account Balance is .55

Signature *Ronald S. Tillman*  
\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
DAN LOCKDIFF

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 ADM DET  
01/29/01 Time 17:49:22p TX# 000037 '43  
BEGINNING BALANCES:  
Available Balance is 60.14  
Spending Limit Balance is 237.60  
Account Balance is 75.14

QTY DESCRIPTION	PRICE
4 ICED OATMEAL COOKIES	6.40
7 CRAN PRINCE MACKEREL	7.00
1 GOLDN SNACK CRACKERS	1.75
1 GOLDN SNACK CRACKERS	1.75
1 ORANGE BREAKFAST DRINK	1.60
1 ORANGE BREAKFAST DRINK	1.60
1 ORANGE BREAKFAST DRINK	1.60
7 CHOC HONEY BUN	5.95
1 BUTTER CREME	2.65
1 BUTTER CREME	2.65
1 SA-SUN ACCENT	2.25
4 PAYDAY	1.80
3 BUTTERFINGER	1.35
1 DIAL ROLL-ON DEOD.	1.30
1 MIDDLESARTH BBQ	1.80
1 MIDDLESARTH BBQ	1.80
10 RAMEN HOT/SPICY NOOD	2.00
10 RAMEN ROASTED CHIC.	2.00
3 STAR KIST TUNA	9.90
1 BUTTER PECAN ICE CRM	1.25
SUB TOTAL	58.40
TOTAL	58.40
CHARGE 85375071	58.40

ENDING BALANCES:

Available Balance is 1.74  
Spending Limit Balance is 179.20  
Account Balance is 16.74

*Ronald S. Tillman*  
Signature

\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
JEFF ZERBE

SALES INVOICE  
TILLMAN, RONALD S.  
ACCOUNT No. 85375071 UNIT 3/E-1  
01/02/01 Time 17:13:23p TX# 000014 '34  
BEGINNING BALANCES:  
Available Balance is 37.54  
Spending Limit Balance is 275.00  
Account Balance is 70.46

QTY DESCRIPTION	PRICE
1 GOLDN SNACK CRACKERS	1.75
4 PAYDAY	1.80
1 FRUIT & NUT MIX	2.95
1 LEVER 2000 SOAP	1.15
1 LEVER 2000 SOAP	1.15
1 BUTTERSCOTCH KRIMPET	2.65
1 BUTTERSCOTCH KRIMPET	2.65
1 THERMAL SHIRT-4XL	8.75
3 BIG CRT KIT KIT	1.35
1 DENTAL FLOSS	4.50
1 DIAL ROLL-ON DEOD.	1.30
14 RAMEN ROASTED CHIC.	2.80
14 RAMEN HOT/SPICY NOOD	2.80
4 ICED OATMEAL COOKIES	5.40
4-ICED OATMEAL COOKIES	-6.40
3-RAMEN HOT/SPICY NOOD	-1.60
3-RAMEN HOT/SPICY NOOD	-1.60
3-RAMEN HOT/SPICY NOOD	-1.60
1 ICED OATMEAL COOKIES	1.60
1 ICED OATMEAL COOKIES	1.60
2 RAMEN HOT/SPICY NOOD	.40
SUB TOTAL	37.40
TOTAL	37.40
CHARGE 85375071	37.40

ENDING BALANCES:

Available Balance is .14  
Spending Limit Balance is 237.60  
Account Balance is 33.06

*Ronald S. Tillman*  
Signature

\*\*\* ALL SALES ARE FINAL \*\*\*

USP LEW \*\*LIMITED OFFICIAL USE\*\*  
JEFF ZERBE

## SALES INVOICE

TILLMAN, RONALD S.

ACCOUNT No. 85375071

UNIT 3/E-1

02/05/01 Time 17:22:49p TX# 000018 34

## BEGINNING BALANCES:

Available Balance is 20.02

Spending Limit Balance is 275.00

Account Balance is 42.84

QTY DESCRIPTION	PRICE
1 BUTTER PECAN ICE CRM	1.25
1 BUTTER CREME	2.65
1 BUTTER CREME	2.65
1 BATTERY AA, PANASONIC	2.30
1 COLGAT B.S. & PEROXIDE	2.40
1 PEPSI-COLA 6-PK	1.90
1 MIDDLESWARTH BBQ	1.80
SUB TOTAL	14.95
TOTAL	14.95
CHARGE 85375071	14.95

## ENDING BALANCES:

Available Balance is 5.07

Spending Limit Balance is 260.05

Account Balance is 27.89

*Ronald S. Tillman*  
Signature

\*\*\* ALL SALES ARE FINAL \*\*\*

7540-00-634-4176

## EDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

3/1/01

S - INTAKE MEDICAL SCREENING

1435

Medical Complaints: Yes ☒ NoMedications: Yes ☒ NoDrug Allergies: Yes ☒ No if yes list under ASuicidal thoughts or attempts: Yes ☒ NoHistory of Hepatitis Yes ☒ NoO - Medical evaluation recommended: Yes ☒ No

A -

Allergic rhinitis

Throat tumor surgery 1/29/01

P - Inmate educated regarding sick call/pill line. Patient voices understanding

PPD Status OK: Yes ☒ NoPPD Testing Given: Yes ☒ NoEssential prescriptions: *not*A. MOLINA, PA  
FCI/FPC EDGEFIELD

## ADMINISTRATIVE NOTE

3/1/01  
(1600)

Intake screening reviewed by: \_\_\_\_\_

J. Serrano, M.D.  
Clinical Director  
FCI EdgefieldAdd to Chronic Care Clinic Yes ☒ No Clinic:

Appointment Date if other than 30 days: \_\_\_\_\_

J. Serrano, M.D.  
Clinical Director  
FCI Edgefield

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME FCI/FPC EDGEFIELD, SC

SSN/ID NO.

RELATIONSHIP TO SPONSOR

BOP

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Tillman, Ronald  
85375-0711

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR  
FIRM 44 CFR 201-9 202-1SENSITIVE  
LIMITED OFFICIAL USE



2-12-01 1820

Received  
Morse  
Med. Reason  
Complaint

Gump  
R. OGUES  
USP ATLANTA

INTAKE SCREENING  
REVIEW  
Ivan Negrón  
Physician

(1/1)

2-28-01 1820

U.S.P. ATLANTA  
OK FOR TRANSFER

Gump  
R. OGUES, M.P.  
USP ATLANTA

3/1/01 1435 FCI, Edg.

A. MOLINA, PA  
FCI/FPC EDGEFIELD



[illegible]

T. Homan, Ronald

USP LEWISBURG  
Health Services Unit  
Lewisburg, PA 17837

### CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record  
STANDARD FORM 600 (REV. 6-97)  
Prescribed by 63411CMF  
PRMR (41 CFR) 201-9-2021

R. 42

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	NOTING ORGANIZATION (Sign each ent.)
1-29-01 1476	PATIENT ENCOUNTER FOLLOWING COMMUNITY MEDICAL TRIP	
Subjective: "I'm OK"		
Condition Giving Rise To Community Referral: Vocal cord lesion		
Procedures Provided In Community: Biopsy vocal cord lesion		
Complications:		
Current Symptoms or Concerns: None		
Objective:		
Vital Signs: Normal		
General Appearance: well		
Inspection of Surgical Site(s), if any: N/A		
Assessment: R. 43		
Plan:		
Follow Up with Staff Physician Scheduled: ( ) Yes ( ) No ( ) NA		
Paper Work For Follow Up with Consultant Submitted: ( ) Yes ( ) No ( ) NA		
Paper Work For Follow Up Diagnostic Studies Submitted: ( ) Yes ( ) No ( ) NA		
SMD Submitted: ( ) Yes ( ) No ( ) NA		
Patient Education Sheet Signed: ( ) Yes ( ) No ( ) NA		
Patient Satisfaction Survey Signed: ( ) Yes ( ) No ( ) NA		
Paperwork Delivered To Clinical Coordinator: ( ) Yes ( ) No ( ) NA		
Provisions For Special Diet Made: ( ) Yes ( ) No ( ) NA		
Special Accommodations: N/A		
Physical Therapy: N/A		
Wound Care: N/A		
Medications: Tylenol 375 mg TID 1000 mg PRN - pt doesn't want		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

U.S. Penitentiary Lewisburg, P.O. Box 10

PATIENT'S NAME (Last, First, Middle Initial)

RELATIONSHIP TO SPONSOR STATUS

SENSITIVE William Bogler, PA-C

LIMITED OFFICIAL USE

USP LEWISBURG

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
12/25/10 1430	<p>S. The 43 yo male black, was referred by officer from the Sym. for injury of the fingers while playing basketball.</p> <p>① 2nd small surgical cut on the left hand (between 2nd and 3rd finger) plus surgical abrasion/scratch.</p> <p>② Right 3rd finger has limited movement on flexion (examine pain on movement). not flex slightly usually on the middle and 4th finger.</p> <p>③ Surgical scratches on the dorsal aspect of the right hand.</p> <p>A. Sprain, right 3rd finger</p> <p>Surgical abrasion/scratches back hand</p> <p>Surgical cut. between the 2nd and 3rd fingers, left hand</p> <p>④ Medication Education was conducted</p> <p>⑤ Discussed the effects of the medication</p> <p>⑥ Understood the Tx regimen</p> <p>⑦ Wounds are clean and well cared</p> <p>⑧ Splint applied on the right 3rd finger</p> <p>⑨ Xray of the right hand (emphasize on the 3rd finger) - request sent.</p>		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
USP. Lewis			Asst
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO. 85375-071
			WARD NO.

R. 44

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

USP LEWISBURG  
Health Services Unit  
Lewisburg, PA 17837

STANDARD FORM 100 (REV. 6-97)  
Prescribed by GSA FPMR  
FPMR (41 CFR) 201-9.202-1

LIMITED OFFICIAL USE

STANDARD FORM 500 (Rev.

25375-02

11/30/00  
0900

S. Nasal Congestion

O.  $2^{\circ} 97.4^{\circ} F$

HEENT - boggy nasal mucosa

Pulmo - clear

A. URI

P. actifed 1 tab tid. #15 tabs.

pt. ed. explained & understood.

Platin, mcl  
Platin Hillework, mcl



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
<p>11/13/00</p> <p>① P.O. ② Adip 30g, T tis #15</p> <p>② P.E. ③ paper w/ y wds</p> <p>③ Fk neg. SL</p> <p>④ PD intact</p> <p>⑤ X Poxelino out #3</p> <p><i>Ivan Navarro, P.A.</i></p> <p><i>Anthony Bussanich, M.D.</i></p>	<p>11/14/00</p> <p>0507</p> <p>SL</p> <p>S: 00 40 70 requests ref'd for</p> <p>allergic rhinitis Louis fever, nausea, cramps</p> <p>or diarrhea at this time NKD</p> <p>or Ambulatory ordered x3 &amp; above before</p> <p>100000. try med. nasal mucus.</p> <p>US: Bn 10/20 Hw 62 for 57.8</p> <p>AD 70 allergic rhinitis</p> <p>① P.O. ② Adip 30g, T tis #15</p> <p>② P.E. ③ paper w/ y wds</p> <p>③ Fk neg. SL</p> <p>④ PD intact</p> <p><i>Ivan Navarro, P.A.</i></p>

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
10-22-00	PATIENT ENCOUNTER FOLLOWING COMMUNITY MEDICAL TRIP
849	Subjective: <i>1/2 w 1/2 u</i>
	Condition Giving Rise To Community Referral: <i>D. Kennedy &amp; well as well</i>
	Procedures Provided In Community: <i>Exam</i>
	Complications: <i>None</i>
	Current Symptoms or Concerns: <i>D. Kennedy &amp; well as well</i>
	Objective:
	Vital Signs: <i>Normal</i>
	General Appearance: <i>Well</i>
	Inspection of Surgical Site(s), if any: <i>N/A</i>
	Assessment:
	Plan:
	Follow Up With Staff Physician Scheduled: ( ) Yes ( ) No ( ) NA
	Paper Work For Follow Up With Consultant Submitted: ( ) Yes ( ) No ( ) NA
	Paper Work For Follow Up Diagnostic Studies Submitted: ( ) Yes ( ) No ( ) NA
	SMD Submitted: ( ) Yes ( ) No ( ) NA
	Patient Education Sheet Signed: ( ) Yes ( ) No ( ) NA
	Patient Satisfaction Survey Signed: ( ) Yes ( ) No ( ) NA
	Paperwork Delivered To Clinical Coordinator: ( ) Yes ( ) No ( ) NA
	Provisions For Special Diet Made: ( ) Yes ( ) No ( ) NA
	Special Accommodations: <i>None</i>
	Physical Therapy: <i>None</i>
	Wound Care: <i>N/A</i>
	Medications: <i>None</i>

R. 49

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:U.S. Penitentiary Lewisburg, P.O. Box 1000, Lewisburg,  
William Bogler, PA-CUSP LEWISBURG  
Health Services Unit  
Lewisburg, PA 17837

PATIENT'S NAME (Last, First, Middle Initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRA

SPONSOR'S NAME

SENSITIVE  
LIMITED OFFICIAL USEDEPART./SERVICE SSN/IDENTIFICATION NO.  
Health Services

DATE OF

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
10/20/00 1240	<p><u>Adm. Note</u></p> <p>F/M came to S/C to know the results of a CT scan done to him few weeks ago because of a mass he was feeling on his throat.</p> <p>The results were given and there were no abnormalities found.</p> <p><i>Ahmed S. Abdel-Salem, M.D.</i></p> <p><i>Luis Ramirez, P.A.</i></p> <p>Luis Ramirez, P.A.</p>
10/23/00 0820	<p>Adm. Note. released copy of cat scan done 10/6/00 at MCB. (1 page)</p> <p><i>Franklin J. Hester, MRAS</i></p>
10/23/00 0820	<p>S. Still pt. claims to feel some sort of growth in his throat.</p> <p>CT of the cervical spine on 10/04/00 was neg.</p> <p>D. Normal oropharyngeal mucosa.</p> <p>A. Mass?</p> <p>P. Consult ENT TEL. MED.</p> <p><i>Anthony Bussanich, M.D.</i></p>

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

85375-071

Tillman, Ronald

DOB: 9/11/59

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

NRMPL (41 CFR) 201.9.202-1

LIMITED OFFICIAL USE

R. 50

REPLACEMENT UNIT  
LEWISBURG, PA 17337

[illegible]

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	PATIENT ENCOUNTER FOLLOWING COMMUNITY MEDICAL TRIP
10/4/00	Subjective: <i>See above</i>
694w	Condition Giving Rise To Community Referral: <i>trouble swallowing</i>
	Procedures Provided In Community: <i>ex seen at med</i>
	Complications: <i>None</i>
	Current Symptoms or Concerns: <i>None</i>
	Objective:
	Vital Signs: <i>Normal</i>
	General Appearance: <i>well</i>
	Inspection of Surgical Site(s), if any: <i>N/A</i>
	Assessment:
	Plan:
	Follow Up With Staff Physician Scheduled: ( ) Yes ( <input checked="" type="checkbox"/> ) No ( ) NA
	Paper Work For Follow Up With Consultant Submitted: ( ) Yes ( <input checked="" type="checkbox"/> ) No ( ) NA
	Paper Work For Follow Up Diagnostic Studies Submitted: ( ) Yes ( <input checked="" type="checkbox"/> ) No ( ) NA
	SMD Submitted: ( <input checked="" type="checkbox"/> ) Yes ( ) No ( ) NA
	Patient Education Sheet Signed: ( <input checked="" type="checkbox"/> ) Yes ( ) No ( ) NA
	Patient Satisfaction Survey Signed: ( <input checked="" type="checkbox"/> ) Yes ( ) No ( ) NA
	Paperwork Delivered To Clinical Coordinator: ( <input checked="" type="checkbox"/> ) Yes ( ) No ( ) NA
	Provisions For Special Diet Made: ( ) Yes ( <input checked="" type="checkbox"/> ) No ( ) NA
	Special Accommodations: <i>N/A</i>
	Physical Therapy: <i>N/A</i>
	Wound Care: <i>N/A</i>
	Medications: <i>N/A</i>

R. 52

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

*Tinman, Ronald*  
 USP LEWISBURG  
 Health Services Unit  
 Lewisburg, PA 17837

RECORDS  
MAINTAINED  
AT:

U.S. Penitentiary Lewisburg, P.O. Box 1000, Lewisburg, PA

PATIENT'S NAME (Last, First, Middle Initial)

*William Bogler, PA-C*  
 Physician Assistant

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRAD

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE  
Health Services

SSN/IDENTIFICATION NO.

DATE OF B

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 500 (Rev. 11-80)

SENSITIVE  
 LIMITED OFFICIAL USE

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MÉDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9/5/00	S: The patient is here for x-ray results. He has been complaining of pressure symptoms and
10:00	trouble with swallowing for the last 2 month.
	Past History: Allergies: None
	System review: Cardiac: Negative Respiratory: Negative
	GI: Negative Neurological: Negative
	Urinary: Negative Skin: Negative
	O: X-ray was taken last week and was sent for reading.
	A.: Dysphagea
	P. Generate consult for CT scan of the neck.
	Return if needed
	<i>entire from pt</i> allyid on tablet chest daily x 5 day
	Pt. Educ on condition, evaluation and treatment plans. Understood.
	AHMED S. SALAM, MD
	R. 53

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Tillman, Ronald

85375-071

09/11/1959(DOB)

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

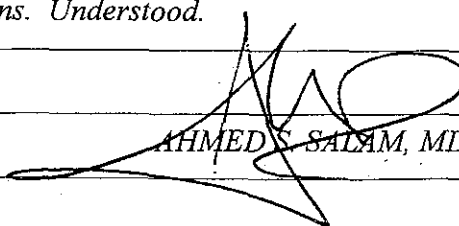
FIRM 141-CFR 201-P.202

LIMITED OFFICIAL USE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
9-11-00 1000	<p>S: R Refill of actipen.</p> <p>O: Appears to be well.</p> <p>A: Chronic rhinitis.</p> <p>P: ① Actipen + PO TID x 5 d.</p> <p>② FOL PRN - unbranded.</p>
<p><i>[Handwritten signature]</i></p> <p>9-11</p>	<p><i>[Handwritten signature]</i> M.D.</p> <p>Ahmed S. Abdel-Salam, M.D.</p> <p><i>[Handwritten signature]</i> PA.</p> <p>Martin Newton, PA-C USP, Lewisburg</p>

## MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
8/24/00	S: The patient is here to check about his x-ray. He claim that he did see the PA 2 weeks ago		
10:45	and was schedule for x-ray but was never called.		
	Past History:	Allergies: None	
	System review:	Cardiac: Negative	Respiratory: Negative
	GI: Negative	Neurological: Negative	
	Urinary: Negative	Skin: Negative	
	O: deferred		
	A: Consultation		
	P: Will check with the x-ray department as there is no record in the chart.		
	Return if needed		
	Pt. Educ on condition, evaluation and treatment plans. Understood.		
	 AHMED S. SALAM, MD		
	R. 55		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

*Tillman, Ronald*

**85375-071**

**09/11/1959(DOB)**

### CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR

Prescribed by GSA/ICMIR  
FPMR (41 CFR) 201-9.202-1

LIMITED OFFICIAL USE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/28/00	Admin note
9:00	<p>Talent was instructed to</p> <p>Come back next Thursday to</p> <p>check if completion sent the</p> <p>status of this Xing</p>
	<p style="text-align: right;">Ahmed S. Abdel-Salam, M.D.</p>
08/31/00	S. sneezing & nasal running
1010	<p>c/o uncomfortable sensation in the throat for about</p> <p>2 months.</p>
	<p>40 yrs. old B♂ claims to experience some</p> <p>sort of growth in his throat, when ever he</p> <p>swallows solid food.</p>
	O. HEENT:- injected sclera & watery eyes. Pinkish
	nasal mucosa.
	no cervical lymphadenopathy.
	Trachea - in the middle
	Pulmo - clear.
	A. A. Rhinitis
	<p>Ⓚ R/o growth in Trachea.</p> <p>actified 1 tab. tid # 15 tabs -</p> <p>X-ray of the neck.</p> <p>Pt. ed. explained and understood.</p>

Platin Hillcote, PA

Platin Hillcote, PA

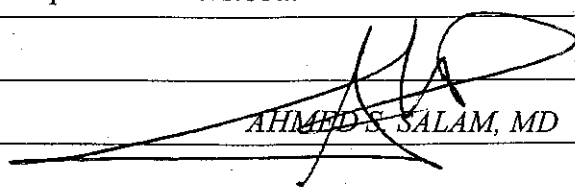
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/13/00 0915	<p>S: 40 y/o BM c/o cough, cold, body ache  HA x 3 days -  PMHx: Non-contributory</p> <p>O: BP: 131/71 PR: 85 T: 97.1°F  HEENT: boggy nasal mucosae;  ↓ congestion of throat  CHEST: unremarkable</p> <p>A: URI c/ associated body ache</p> <p>P: &gt; Acetaminophen TID x 5 day #15 o/r  &gt; Humibid TID BID #14 o/r  &gt; Ibuprofen 400 mg TID (q 8') for  pain #24 o/r  &gt; PT educ on Rx, plans + f/u - up.  Understood.  &gt; ↑ water intake while on Rx.</p> <p>Erterg LPA  ONG, EDGARDO T., PA</p>
7/17/00 850	<p>S: 40 y/o M c/o sore throat  Hx of URI &amp; dx go to appropriate tx  of NAD, antibody, edema pharynx &amp; exudate  Temp 98.6°F Chest: clear</p> <p>A: Pharyngitis</p> <p>P: Continue current therapy as above  (c) Ketorolac 20 mg i/m qid x 10 days  Rx TX + PR discussed + understood</p> <p>N. RODRIGUEZ-MIRALLES PA</p>

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

# MEDICAL RECORD

### CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2/28/00	S: The patient complaining of the recurrence of the pain in his back. He claim after he was
9:30	seen here on 2/4/00 the medication improve the condition completely but it began to recur in the last 2 days. Pain increase on movement of his shoulder and arm. He denies injury.
	Past History: Allergies: None
	System review: Cardiac: Negative Respiratory: Negative
	GI: Negative Neurological: Negative
	Urinary: Negative Skin: Negative
	O: Thoracic Spine: No limitation of the range of movement. Tenderness over the medial border of the left scapula and latismus dorsi muscle.
	A.: Tendinitis
	P. 1- X ray of the thoracic spine
	2- Naprosyn 550 mg bid after meals X 14 days.
	Pt. Educ on condition, evaluation and treatment plans. Understood.
	 AHMED S. SALAM, MD

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)</i>		REGISTER NO.	WARD NO.

LEANSBURG  
WITH SERVICES UNIT  
LEANSBURG, DE 1982

*Tillman, Ronald*

**85375-071**

**09/11/1959(DOB)**

### CHRONOLOGICAL RECORD OF MEDICAL CARE

## Medical Record

LIMITED

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/CMR  
FIRM (41 CFR) 201-9.202-1

R. 58

## MEDICAL RECORD

### CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE \_\_\_\_\_

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

2-4-00  
0900

3: Continued to complain pain at  
 (D) Thoracic <sup>spinal</sup> area X 3-4 months  
 Pain is localized at (D) sub-  
 scapular area - SEE 11-18-99  
 Cardiac / GI RCG sup: Neg.  
 O: T = 97<sup>3</sup>.

40 year old B of I - no acute signs  
Mild soft tissue noted at (L)  
infra-popliteal area.  
Good ROM. No other significant  
physical findings.

A: Probable back strain.

1/2 P: ① Naproxen 550 mg PO BID x 7d  
② Full on 3.0 following Tx -  
PT. undrugged

~~Martin Newton, PA-C~~

*M. Newton*

HOSPITAL OR MEDICAL FACILITY

USP LEWISBURG

STATUS
--------

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

HEALTH SERVICES UNIT  
LEWISBURG, PA 17837

SSN/ID NO.	
------------	--

RELATIONSHIP TO SPONSOR	
-------------------------	--

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

TILLMAN, RONALD  
85375-071

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/GMR  
FIRM (41 CFR) 201-9.202-4

R. 59

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12/21/99 7:00 E1	<p>S - 40 year old male back complaints of pain in swallowing almost a week - on the (P) side of the oropharyngeal wall. No color change and fever. No gastroesophageal reflux disease. No dx of PLE. Non-Smoker.</p> <p>O - Alert, Ambulatory, NAD, Alert, Cooperative</p> <p>PHYS - good skin integ. - VS - BP = 106/70 PR = 82/min. Temp: 93.6          - No oropharyngeal wall lesion          - Tonsils not enlarged, no hyperemia          - Non Congested oropharynx, No visible nodules noted          - No cervical lymphadenopathy.          - Pinkish Sclera, Pinkish palpebral conjunctiva.</p> <p>Oral/Lungs: Clear breath sounds.</p> <p>Heart: Regular rate and rhythm, no appreciable.</p> <p>Abdomen: Soft, nontender, no abn. mass, no bowel B.S.</p> <p>A Oropharyngeal Irritation - Etiology (?)</p> <p>P - Hydrogen Peroxide 40% - gargle 50% water + 50% peroxide in 30<sup>sec</sup> (medicinal cap) - 4 daily and rinse with water thoroughly. #1</p> <p>Patient's Educ. as to Oral hygiene and follow up checkups for next. Pick call ev if symptoms persist.</p> <p style="text-align: right;">ALANA FERDINAND N. PA</p>
1/5/00 1310	<p>Admin note:</p> <p>Annual Physical scheduled to be</p> <p style="text-align: right;">RODRIGUEZ, NICK, P.A.</p>

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
11-9-99 0650	ADMIN NOTE: Pt. here for X-Ray report of Thoracic spine. Informed that Report is not back from the radiologist at this time. Will check in the near future. M. Newton, PA Martin Newton, PA-C
11-18-99 0750	S: Pt. here to review X Ray results. Said that the wrong X-Ray was taken. His pain is at the mid-thoracic spine (not L-S spine). O: I'm no acute distress. No spinal tenderness noted. Good ROM. P=60. B/P=137/82. A: R/O spinal infection - VS - degenerative disease. P: ① X-Ray of Thoracic Spine ② FU in 2 weeks to discuss results of X-Ray.

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

Martin Newton, PA-C

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

TILLMAN, RONALD  
85375-071

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR  
FPMR (41 CFR) 201-9.202-1

LIMITED SENSITIVE USE

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/08/1999 0800	S: This 39 y/o BM is complaining of multiple lumps on his axillae that he thinks are occurring on and off. He even saw a surgeon for a bigger lump at one time.. PMHx: Lipomatous growth
	O: BP: 128/73 PR: 66/min
	SYSTEMS REVIEW: WNL
	SKIN: two palpable lumps on the left armpit; 3 on the right; non-suppurative
	A: HIDRADENITIS, non-suppurative
	P: Warm compress as frequent as possible. Refrain from any anti-perspirants
	Pt. Educ on the causes and course of the illness
	Pt. Educ on condition, evaluation and treatment plans. Understood. <i>Edgardo T. Ong PA</i> EDGARDO T. ONG PA
8/27/99 OS 30 SLC	S: 39 y/o Black M, c/o of sore throat x 1 mo week. Sore throat, hoarseness, cough or diarrhea at other times. Sore throat w/ prodigious tonsillitis. WPA or amblyopia, oriented x3, & about 10 years WPA - return of and not throat cancer w/ acc of speech finally as normal sign. & cervical lymphadenitis an

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

LEWISBURG  
HEALTH SERVICES UN  
LEWISBURG, PA

TILLMAN, RONALD  
85375-071

09/11-1959 (DOB)

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

SENSITIVE  
LIMITED OFFICIAL USE

R. 62

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	<p>chest clear &amp; punch on abd.</p> <p>VS: BP 110/70 HR 62 Temp 97.5</p> <p>PO Pharyngitis</p> <p>PO Penicillin 250 ii QID x 10 days #20</p> <p>(2) Acetaminophen 325 ii TID x 5 days #15</p> <p>(3) Acetaminophen 325 ii TID x 4 days #14</p> <p>(4) PO (5) Proper use of meds</p> <p>(6) Flup 10g SL</p> <p>(7) PT understood</p> <p style="text-align: right;">Ivan Navarro, P.A.</p>
10/29/99 0915	<p>SI: 40 Y/O B/M c/o having severe back ache on and off x 6 months.</p> <p>HPI: He never injured his back.</p> <p>Does not exercise. He is an electrician.</p> <p>Does not lift weights [Eats once a day, does not trust chow food]</p> <p>O: In good general condition</p> <p>BP = 137/69 Pulse = 60. WT = 174</p> <p>[Pain is sharp in nature]</p> <p>No swellings or obvious deformities noted. Has full range of motion of vertebral column.</p> <p>A: Back ache due to sedentary lifestyle.</p> <p>P: No bone/joint involvement -</p> <p>P: X-Ray Lumbo-sacral spine</p> <p>A: Encouraged to do a lot of stretch exercises. Discussed &amp; understood.</p> <p style="text-align: right;">Jane Okoth, PA</p>

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
03/12/99 1245	S. Productive cough yellowish in colour } x3 days Headache & soreache O. T° 99.8°F P. 82/min BP 120/75 HEENT- Hyperemia of the oropharyngeal mucosa Lungs - clear COR - Normal A. URI P. Amoxil. 250 mg tid # 21 caps. Tylenol 2 tabs. Q 6 hrs. PRN 30 tabs- A fluid intake Pl. Ed. Etiology, Tx. & F/U. understood. Platin, PA
3/23/99 0650	S: 39 y/o B/m c/o everything hurting, eyes, head and is coughing. HPI: Has been having chills and sweats on and off. Had not used the bathroom in a week but has had diarrhoea since last night. Had 2 Bm. last night. No B.m. since he woke up. continued.

Platin Hilltework  
Physician Assistant

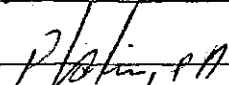
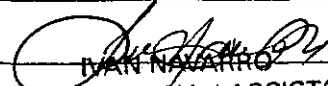
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	R. 64
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)			REGISTER NO.
			WARD NO.

Tillman, Ronald  
85375-071CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
SENSITIVE  
STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR 201-9.202-1)  
LIMITED OFFICIAL USE



NSN 7540-00-834-4178

600-1

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
11-12-98	S. "I Have a nut in my (R) Elbow".		
1020	39 yrs. old pt. who has been treated for (R) Elbow cellulitis on 10/30/98 presently is c/o a mass in the (R) Elbow.		
	O. 0.5 x 1 cm. nontender, mobile, not adhered to the underlying tissue on the post. aspect of (R) Elbow.		
	A. (R) Elbow mass.		
	P. X-ray of (R) Elbow.		
	Consult Dr. SALAM for Evaluation		
	Pl. Ed Etiology, Tx. & F/U. understood.		
	 Platin Hiltebeck, P.A.		
2/14/99	Adw MB.		
1230	I/m request information about		
34	condition. I/m was ok.		
	 IVAN NAVARRO PHYSICIAN ASSISTANT		
	R. 66		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

PATIENT'S NAME (Last, First, Middle initial)

Tillman, Ronald

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO

DATE OF BIRTH

55375-07

 USP LEWISBURG  
 Health Services Unit  
 Lewisburg, PA 17837

CHRONOLOGICAL RECORD OF MEDICAL CARE

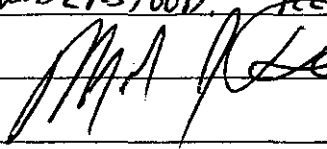

STANDARD FORM 600 (REV. 5-84)

 Prescribed by GSA and ICMR  
 FIRM (41 CFR) 201-45.505

DATE	SYMPTOM, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2/26/99 1218	<p>S. 39 y/o black male with a PMH of stage 3 hallux valgus &amp; bunion; hx. of chronic allergic rhinitis; hx. of lipoma (R) back excised on 7/18/97. NKDA. No current meds. F/M is complaining of LBP. He said he has that on and off since 6 months ago. Now since Wednesday the discomfort and pain has increase. He denies <sup>ERROR LR</sup> <del>having</del> being lifting anything heavy. No irradiation is referred. Pain is only referred to lumbar area bilaterally.</p> <p>O. (VS: BP 120/68 mmHg; RR 16/min; P 60/min; T 98.0°F. No tenderness referred when area is palpated. F could bend forward 90°. No ambulatory problem. No irradiation.</p> <p>A. © Muscle strain lower back bilaterally</p> <p>✓ P. © Ibuprofen 800 mg <math>\dot{+}</math> tab P.O. TID x 10d. #30</p> <p>© pt. educ (Exercises to stretch back were explained. Tx. and Rx. use explained. Pt. understood - F/u PRN)</p> <p style="text-align: right;">Luis Ramirez, P. LUIS RAMIREZ PHYSICIAN ASSISTANT</p>
	R. 67

NSN 7540-00-834-4176

600-1

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
14 JUL 1998	O. ALERT + AMBULATORY, W/O. W/N. W/H. IN NMD. NO		
(CONTINUED)	TICS, TREMORS, COUGH, OR OBVIOUS DEFORMITIES.		
	V.S: P- 60 + REGULAR, R- 20 + REGULAR, T- 96.7°F		
	P <sub>2</sub> , BP 108/66 RA 9, WT - 182 LBS		
	UPPER EXTREMITY SKIN: ISOLATED VESICLES, ALL NOW		
	EXCORIATED + SCABING OVER. NO NEW LESIONS		
	A: DERMATITIS, RESOLVED		
	P: PT. ED: ETIO & TX, UNDERSTOOD. REASSURANCE.		
	F/u MON VIA S/C		
	 MARK PEORIA PHYSICIAN ASSISTANT		
07-16-98	S. Pain in both feet.		
0915	O. Painful prominent bony structure on the medial aspect of both feet anteriorly.		
	A - Benignous.		
	P. Orthotics evaluation.		
	Pl. ed. Etiology, Tx. & F/u. understood.		
	 Platin Hilteuwork Physician Assistant		
	R. 68		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

PATIENT'S NAME (Last, First, Middle initial)

TILLMAN, RONALD

RELATIONSHIP TO SPONSOR

STATUS

A-DES

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

D05/BOP

SSN/IDENTIFICATION NO.

85375-071


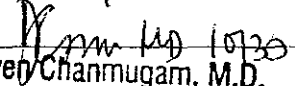
DATE OF BIRTH

11 SEP 19

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-4)

Prescribed by GSA and ICMR  
FPMR (41 CFR) 201-45.505

DATE	SYMPTOM, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
8/12/98 1315	Admin note Patient does not have infections inflammatory or communicable disease at this time may work in food source   M. RODRIGUEZ-MIRALLES PA
10/30/98 1100	S. Severe pain (RT) Elbow x 2 days. Pt. was in apparent good health condition until yesterday, when he started experiencing severe (RT) elbow pain. Gives no hx of trauma to (RT) elbow. D. T° 98.4°F 160 B.P. 110/70 RT. Elbow. Erythematous, tender & swollen. A skin lesion is also noted. A. Cellulitis P. Cipro 500 mg. bid x 10 days. Motrin 800 mg tid # 15 days. Pt. Ed. Etiology, Tx. & F/U. understood.  Deven Chanmugam, M.D.  Platin, PA Platin Hilletework, PA

NSN 7540-00-634-4176

600-1

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/6/98 0745	S- This 39 y.o. male, black, complaint of back pain which started when he attempted to carry a big, dough ball while working at the kitchen. Some time present, he has been experiencing mild pain, not radiating and becoming of the pain it "takes your breath away". No of past ulcers: nothing / kidney stones. No renal any of major depression. N/C/D No current diagnostic studies. O. noted mild tenderness on the left posterior lumbar region: kidney punch test - negative ambulatory, coherent and not in acute distress. A. 1/5 Sprain Back pain P.O. Medication Education was conducted ① Discussed the effects of the medication ② Patient understood the treatment regimen JH ③ Ibuprofen 800 mg - 5 cap po tid p.c. x 5 days #15 JH ④ Tylenol 300 mg TT qid po q 4-6h prn p pain #24 ⑤ SMA-24 ⑥ N/C if necessary

R. 70

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

PATIENT'S NAME (Last, First, Middle Initial)

TILLMAN, RONALD

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-4)

Prescribed by GSA and ICMR

FIRM (41 CFR) 201-45.505

DATE	SYMPTOM	DIAGNOSIS	TREATMENT	TREATING ORGANIZATION (Sign each entry)
Continuation 4/6/98 0745	Administration pt seems concern about his health. "can I have a test to check if I have cancer"? (Smartz ordering for Blood <del>test</del> picture status)			Maximo Velasco M.D. Medical Officer Vicartur R. Factura Physician Assistant
4/19/98 1530	Administration note all 1 TIT Hepatitis screen			JAE SHIM, MD
26 MAY 1998 0809	S: 38400 ♂ is seen on S/C E CL: SMES IN MSE SINCE 1994 %			
	PAW. HAS BEEN ON DILLOXACILLIN WHICH CLEARED SMES UP. HAS HAD THIS RUN ON A WEEKLY BASIS FOR FOUR YEARS, OVER 200 TIMES.			
	ALSO USED VASELINE. ON NO MEDS. NKOA. NON-SMOKER. DENIES SIGNIFICANT PMH.			
	O: ALERT + AMBULATORY. W/O. W/N. W/D IN MAD. NO TICS, TREMORS, COUGH, OR OBVIOUS DEFORMITIES.			
	V.S: WT - 104 LBS, P- 62 + REGULAR, T- 97.7°F <sup>120</sup> / 70 MM Hg			
	MSE: NO LESIONS APPRECIATED. (+) CLUM DOMINANCE.			
	A: PERENNIAL ALLERGIC RHINITIS			
5/1	P.M. ED: EDU & TX UNDERSTOOD. P/U PAW VIA S/C.			
	Rx: BELOMETHAZONE DISPROPRIONATE NASAL MDI #01 T SPRAY EA NASAL BID-QID PAW			MARK PEORIA PHYSICIAN ASSISTANT
19 JUL 1998 0809 (CONTINUED)	S: 38400 ♂ is seen on S/C E CL: PROTRUDING OUT ON ARMS X ONE WK. NO SKS. ON NO MEDS. NKOA. PMH: PERENNIAL ALLERGIC RHINITIS. NON-SMOKER			

NSN 7540-00-834-4176

600-10

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
06/16/97 0840	<p>S. (RP) mid. finger pain x 30' duration. Had trauma on Jan. 3/1997 at which time he fractured his (RP) mid. finger by Contracture of the distal phalanx of the (RP) 3rd. finger &amp; pus like discharge from the nail bed.</p> <p>A. infected (RP) 3rd. finger.</p> <p>P. Keflex 250 mg. Bid # 28 caps. Bacetracin dent. apply bid topically.</p> <p>Pt. ed. etiology, Tx &amp; I/U- Pt. understood</p> <p><i>Maximo</i> <i>Platin, PA</i></p> <p>Maximo Velasco M.D. Medical Officer</p> <p>HILLETEWORK, PLATIN, P.A.</p>		
6/20/97 1010	<p>Admin Note: I/M seen in surgery clinic the morning of 6/20/97. Please see enclosed consult for complete details.</p> <p><i>Maximo</i> <i>Platin, PA</i> <i>Ch. Cozza</i></p> <p>Maximo R. Velasco Jr., M.D. Medical Officer</p> <p>Platin Hilletework, PA</p>		
0900 7-7-97	<p>Admin Note: scheduled for foot casting to accommodate hallux valgus/bunion.</p> <p><i>P. CLEMENS, PA</i></p>		
<p>PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)</p> <p><i>Tillman, Ronald</i> <i>85375-071</i></p>		<p>RECORDS MAINTAINED AT:</p> <p>PATIENT'S NAME (Last, First, Middle initial)</p> <p>RELATIONSHIP TO SPONSOR STATUS RANK/GRADE</p> <p>SPONSOR'S NAME ORGANIZATION</p> <p>DEPART./SERVICE SSN/IDENTIFICATION NO. DATE OF BIRTH</p> <p>SENSITIVE LIMITED OFFICIAL USE</p>	

USP LEWISBURG  
HEALTH SERVICES UNIT  
LEWISBURG, PA 17037

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-8)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

DATE	SYMPTOM, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1300 7-8-97	Admin Note: sent out for custom orthoses.  P. CLEMENS, PA
7/10/97 1030	Admin Note: I/M seen the am of 7/18 in the general surgery clinic. Please see the enclosed consult for complete details.  D. Romero M.D. DANIEL O. ROMERO, M.D.
9/03/97 0710 E-8	S: I/M complaining of non-responding illness. He was told that his problem was recurrent sinusitis but he is complaining that it is not getting any better and that his nose feels "raw".  O: Nasal examination of the turbinates revealed congested superior and middle turbinas; erythematous; no growth observed and mucosa appear smooth and wet.  A: Allergic rhinitis  P: Chlortrimeton tablets every 6/hours for allergy. # 21 Refill # 2. 48 hr 12hr x 3 days only 200 Refill Afrin nasal spray. Use in Am upon waking up; followed at 2:00 pm and last spray should be just before sleeping. #1, Refill #1.  Advised to shaved moustache until allergen has been ruled out.  Avoid powdery/dust and bed sheets <sup>changed</sup> twice weekly is feasible and within custodial policy.  Pt. education on the limitation of nasal spray and sideeffects of Chlortimeton tablets. Understood.  Maximo Velasco M.D. Medical Officer  ONG, EDGARDO T., PA
0900 12/31/97	Admin Note: Reordered size 13 w boots  M. Velasco Maximo Velasco M.D. Medical Officer

DATE	SYMPTOM	DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
0630 4-17-97	37 y/o black male S: Pt c/o chronically dry nose. NKDA. No current meds. PMH: noncontributory. O/A: Dry nasal membranes. P: Pt Ed on chronicity of condition & prognosis. Medication usage. RTC PRN	PCO — POC
	Normal Saline prn #1, 2 RF Vaseline bid prn #1, 2 RF	
0910 4-28-97	S: Pt c/o dry nose & sore feet NKDA. Has tried NACI & Vaseline. Chronic foot pain. O: Dry nose. Bilateral bunions. Mild abducted toes. A: Dry nose Bunions P: Pt Ed on etiology & tx understood. RTC in AM Create pouch to accommodate bunions. Size 13W 735 shoes ordered. Bactracin Ointment bid	PCO — POC P. CLEMENS, PA
		PCO — POC P. CLEMENS, PA

NSN 7540-00-634-4176

600-1

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
2-10-97	Call out for AIDS Test.		
Cont'd	Pt. educ on condition + Rx. Counseling for HIV test done. Deny tattooing / drug use.		
	EDONG PA ONG, EDGARDO T., PA		
3-03-97	S: 39 y/o BM complains of recurrent sores in the oral mucosal region in the rostral, <sup>when bleeding</sup> open sore in the (L) nostril, non bloody. No crust noted; hair growth in the nostril making it hard to evaluate.		
0830	A: Infected oral mucosa probably 2° to chronic irritation. No nasal palp injury.		
174 lbs	P: > Dicloxacillin 500mg. BID # 28 o pill.		
	> D/C Aspirin		
	> Pt educ as to condition / Rx		
	> RTC when necessary or if sore persists after AB Rx.		
	> Possible referral to otor ENT		
	EDONG PA ONG, EDGARDO T., PA		
3/28/97	Adm note: Released to inmate this date 4 copies of med. Lab. BP-362 dated 1/8/97, x-ray 1/24/97 + SF 600 1/8/97 to 2/10/97.		
0900	Franklin J. Hester, MRAS		

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

PATIENT'S NAME (Last, First, Middle, Initial)

Tillman, Ronald

SEX

M

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE SSN/IDENTIFICATION NO.

DATE OF BIRTH

R. 75

USP LEWISBURG  
HEALTH SERVICES UNIT  
LEWISBURG, PA 17837

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-8)  
Prescribed by GSA and ICMR  
FPMR (41 CFR) 201-45.505

NSN 7540-00-634-4176

600-10

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1/8/97 2020	S - This patient complained of mild pain on the right middle finger. Stated middle finger was smaller. O - examination of the right middle finger showing there is a slight swelling on the distal Metacarpal-phalangeal joint, with slight blood discoloration (?) <del>Reddened</del> S/Hu 338 Distal interphalangeal joint was slightly bent. R - No fracture, middle finger, right, distal portion P - 0 X-ray of the right hand (done 1/8/97) per made by radiologist: WNT made by PA Param showed comminuted Fr (?) distal right middle finger. ② motion very - T corp no tel R.C. x 5 days off is (pt stated he has no Reg Amp/goutables. N/COR ③ Immobilization ④ T/u by S/Hu PA ⑤ Amate Injury Assessment and Follow-up of Fracture PA Completed. VicArthur R. Factora Physician Assistant
1/09/97 0615 HRS	Am. Note: Referred this case to Dr. Velasco - suggested only for immo- bilization no other else he can do. ALAMA, FERDINAND N., PA R. 76

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS  
MAINTAINED  
AT:

PATIENT'S NAME (Last, First, Middle Initial)

Tillman, Ronald

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

853 75-071

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)

Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505USP, LEWISBURG  
HEALTH SERVICES UNIT  
LEWISBURG, PA 17837

DATE	SYMPTOM	DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/27/97 SHN 317 1325 HRS.	S - Invert Complaint of Dandruff and Itch requesting Shampoo to use for his scalp and hair	W
	Q - IAD, Antibiotic, Aflonik	
	- Dry scaly flake on the scalp area and hair	
	A - J. Dermatitis	
	P - Coal tar Shampoo apply scalp area once/week #1	
	- Petcuts Education on to #ology, Tx and Follow ups.	
	- Return to Clinic pm. if S/S persist	
		ALAMA, FERDINAND N., PA
2-10-97 845 Wt: 175 lbs	8:38 y/o BM complain:	
	① middle finger (R) - previous 6x9" fracture on distal phalanx.	
	② Bunion - refer to Paul Clemens for shoes	
	③ Lump (R) shoulder blade.	
	④ Request physical exam concern about hx cancer.	
	O: > middle finger still swollen & distal phalanges, bent.	
	> Trs, bilat. trs nodular deposits,	
	> Back (+) 2 cm diam lump.	
	A: > Injury to middle finger 2° to knocking down another inmate while in rec area (Atlanta)	
	X Ray in Lewisburg = FX (done 1/8/97)	
	> Bunion, both feet	
	> Lump, (R) shoulder	
	P: > Aspirin 2 tabs TID c food (w/o carbonated drink, caffeine) # 30 o refill.	
	> Refer to Mr. Clemens for shoe fitting	
	> Schedule for EXB 3 lump.	

### CHRONOLOGICAL RECORD OF MEDICAL CARE

**STANDARD FORM 600 (REV. 5-81)**  
Prescribed by GSA and ICMR

5

LW

BP-S149.060 MEDICAL RECORD OF FEDERAL PRISONER IN TRANSIT CDFRM

JUL 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

<b>TB Clearance</b>		Name: <u>TILLMAN, Ronald</u>		Reg. No. <u>85375-071</u>	
PPD Completed: _____ Date _____		Departed From: <u>USP Atlanta</u>		Date Departed: <u>1/6/97</u>	
Results: _____ mm		Destination: <u>Lew</u>		Reason for Transfer: <u>none medical</u>	
Interpreted as: _____ (Positive or Negative)		Name of Institution			
CXR Completed: <u>1/3/97</u>		Special Instructions: <u>Blood and Body Fluid Precautions</u>			
(Date)		<u>See attach 600 for result</u>			
Results: _____					
Note: Date(s) listed above must be within one year of this transfer.					
Diagnoses: 1. <u>E H m</u>		4. _____			
2. _____		5. _____			
3. _____		6. _____			

No inmate may be transferred to any BOP facility unless either PPD or CXR results are satisfactory for medical clearance.

## MEDICATION FOR CARE ENROUTE

Medication	Dose	Route	Instructions for Use (Include proper time for administering)	Stop
<u>none</u>			<u>none</u>	

Signature of Certifying Medical Staff Member <u>[Signature]</u>	Title <u>Superv PA</u>	Date Signed <u>1/3/97</u>
--	---------------------------	------------------------------

## PROGRESS NOTES ENROUTE

Date	Time	Institution	Symptoms, Findings, Medications, Treatment, Order, Etc.
USP Lewisburg		<u>1/6/97</u>	<u>1/889th - PA</u>
Inmate Received, this date		<u>✓</u>	Jane H. Okoth Physician Assistant
Medical History Reviewed		<u>✓</u>	
Evidence Body Lice Yes _____ No _____		<u>✓</u>	
Medications Yes _____ No _____		<u>✓</u>	

R. 79

Attach SF-600 if additional space is required.

Record copy - Transporting Officer; Copy - Health Record (Top page, Position only) Copy - Transferring institution

(This form may be replicated via WP)

This form replaces BP-149.060 and BP-S149.060 Dtd Nov 1994



MEDICAL RECORDS	CONSULTATION SHEET	
TO: ENT- DR HOBBS	FROM: (Requesting Clinician/Physician) Doctor Bussanich/ PA Bogler	DATE OF REQUEST 10-16-2000

Chief Complaint: "I HAVE THIS LUMP IN MY THROAT WHENEVER I SWALLOW ANYTHING"

History of Present Illness: THIS IS A 43 Y/O INMATE WHO COMPLAINS OF A FULLNESS IN HIS THROAT WHEN HE SWALLOWS EITHER LIQUIDS OR SOLIDS, WHICH STARTED IN JULY OF THIS YEAR. HE DENIES LIQUIDS OR SOLIDS CATCHING IN HIS THROAT. HE ALSO STATES THERE HAS BEEN SOME CHANGES TO HIS VOICE IN THE LAST TWO MONTHS. A CT SCAN PERFORMED 10-4-2000 FAILED TO REVEAL "CERVICAL SOFT TISSUE MASSES, ABNORMAL CALCIFICATIONS. OR OTHER UNUSUAL COLLECTIONS". PLEASE EXAMINE AND MAKE TREATMENT RECOMMENDATIONS.

Significant Diagnostic Studies Done: CT SCAN

Summary of Prior Treatment for Present Condition: NONE

Effect condition has on Patient's Ability to Function in Correctional Environment: NONE

Current Medications: NAPROXEN, ACTIFED

Drug Allergies: NKDA

Other Significant Medical Condition: ALLERGIC RHINITIS

Primary Impression/Procedure Requested at this Time: GLOBUS HYSTERICUS VS SOFT TISSUE MASS, PLEASE PERFORM LARYNGOSCOPY.

DOCTOR'S SIGNATURE: <i>Anthony Bussanich, M.D.</i>	APPROVAL DATE	TO BE SEEN NO LATER THAN: NOVEMBER 2000
--	---------------	--

#### CONSULTANT SECTION

##### SIGNIFICANT FINDINGS:

*Rt. VC lesion -  
Ree*

##### DIAGNOSIS:

*Rt. VC lesion -  
probable reflux*

TREATMENT: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)

*Needs BA-Swallow -  
+ then Micro DLB/esophagoscopy*

Follow Up #1: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)

*Need to schedule BAS - r/o reflux  
schedule for micro-direct  
laryngoscopy + Bx of Rt VC, +  
esophagoscopy*

TILLMAN, RONALD 85375-071

SIGNATURE AND TITLE OF PROVIDER

DATE

*10/31/00*

DATE OF INCARCERATION

USP LEWISBURG, PA 17837

CUSTODY LEVEL:

*Jan Hobbs*

SENSITIVE  
LIMITED OFFICIAL USE

*Anthony Bussanich, M.D.*  
10/31

EVANGELICAL COMMUNITY HOSPITAL  
ONE HOSPITAL DRIVE, LEWISBURG, PA 17837  
DIAGNOSTIC RADIOLOGY

Name: TILLMAN, RONALD

Pt# : 4085310-O-OPR

MR# : 200029

DOB: 09/11/1957 Age: 043Y Sex: M

Order D&amp;T: 10/01/2000 10:57:20

Sched D&amp;T: 10/04/2000 08:30:00

Date Service Completed: 10/04/2000

Indication: X

Requisition # : 4326496

Location:

Adm Dr: MISC, DOCTOR

Ord Dr: MISC, DOCTOR

CC Phy:

CC Phy: *Saleh*

CC Phy:

\*\*\* Final Result \*\*\*

CT SCAN NECK

RONALD TILLMAN/ JOB # 181991/ EKB

UNENHANCED AND ENHANCED CERVICAL SPINE CT 10-4-00:

Preliminary helical 5 mm thick sections were obtained beginning at the thyroid cartilage and extending inferiorly into the lung apices. Helical contiguous 5 mm thick sections were then performed from the skull base to the very superior margin of the aortic arch. There are no prior studies for comparison.

The precontrast images show no evidence of thyroid enlargement, calcification or mass. No other abnormal cervical soft tissue calcifications are identified.

The postcontrast images show symmetric carotid and jugular vascular enhancement. Thyroid enhancement is also uniform. No thyroid masses or enlargement are identified. No other cervical soft tissue masses, adenopathy, or abnormal collections are identified. No lesions in visualized portions of the superior mediastinum are identified.

IMPRESSION: NO MASS, CALCIFICATION, OR OTHER ABNORMAL LESIONS OF THE THYROID GLAND ARE IDENTIFIED. NO CERVICAL SOFT TISSUE MASSES, ABNORMAL CALCIFICATIONS OR OTHER UNUSUAL COLLECTIONS ARE IDENTIFIED.

*Ahmed S. Abdel-Saleh, M.D.*  
10/10/00

JSO:JSO

Electronically signed by:

10/06/2000 at 17:42:01

JAMES S O'BRIEN, MD

10/06/2000 17:42

RADIOLOGY RESULTS

SENSITIVE  
LIMITED OFFICIAL USE

Page:

12/03/2000 17:13 (170240737)  
NOV-30-2000 08:30 USP LEWISBURG

MEDICAL PARK EN1

570 522 7722

PAGE 01  
P.02

MEDICAL RECORDS		CONSULTATION SHEET	
TO: DR. HOBBS- OUTSIDE		FROM: (Requesting Clinician/Physician) Doctor Bussanich/ PA Bogler	DATE OF REQUEST 10-31-2000

Chief Complaint: THIS IS A 43 YEAR OLD INMATE WHO COMPLAINS OF A FULLNESS IN HIS THROAT WHEN HE SWALLOWS EITHER LIQUIDS OR SOLIDS X 4 MONTHS. HE WAS SEEN BY YOU ON 10-31-2000 IN YOUR OFFICE WHEN YOU COMMENDED A BARIUM SWALLOW TO R/O REFLUX FOLLOWED BY MICRO-DIRECT LARYNGOSCOPY WITH BIOPSY OF A LESION ON THE RIGHT VOCAL CORDS, AND ALSO ESOPHAGOSCOPY.

History of Present Illness: AS ABOVE

Significant Physical Examination Findings:

Significant Diagnostic Studies Done: CT SCAN 10-4-2000

Summary of Prior Treatment for Present Condition: NONE

Effect condition has on Patient's Ability to Function in Correctional Environment: NONE

Current Medications: NAPROXEN, ACTIFED

Drug Allergies: NKDA

Other Significant Medical Condition: ALLERGIC RHINITIS

Primary Impression/Procedure Requested at this Time: RIGHT VOCAL CORD LESION, R/O REFLUX. PLEASE PERFORM A MICRO- DIRECT LARYNGOSCOPY, BIOPSY OF RIGHT VOCAL CORD LESION, AND ESOPHAGOSCOPY

DOCTOR'S SIGNATURE:	APPROVAL DATE	TO BE SEEN NO LATER THAN: DECEMBER 2000 AFTER BARTUM
 Anthony Bussanich, M.D.		SWALLOW COMPLETED

## CONSULTANT SECTION

## SIGNIFICANT FINDINGS:

BAS - with small sliding hiatal  
hernia & some reflux

## DIAGNOSIS:

Reflux

TREATMENT: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution staff.)

Prescribed 30mg qid, and  
needs to have micro laryngoscopy  
and biops. Rt VC lesion, and  
esophagoscopy

Follow Up #1: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution staff.)

R. 82

TILLMAN, RONALD 85375-071

USP LEWISBURG, PA 17837

523-1163

Anthony Bussanich, M.D.

SENSITIVE  
LIMITED OFFICIAL USE

MEDICAL RECORDS		CONSULTATION SHEET	
TO: RADIOLOGY		FROM: (Requesting Clinician/Physician) Doctor Bussanich/ PA Bogler	DATE OF REQUEST 10-31-2000

**Chief Complaint:** THIS IS A 43 YEAR OLD INMATE WHO COMPLAINS OF A FULLNESS IN HIS THROAT WHEN HE SWALLOWS EITHER LIQUIDS OR SOLIDS X 4 MONTHS. HE WAS SEEN BY ENT ON 10-31-2000 WHO WANT TO R/O GERD. THEY RECOMMENDED A BARIUM SWALLOW TO R/O REFLUX.

**History of Present Illness:** AS ABOVE

**Significant Physical Examination Findings:**

**Significant Diagnostic Studies Done:** CT SCAN 10-4-2000

**Summary of Prior Treatment for Present Condition:** NONE

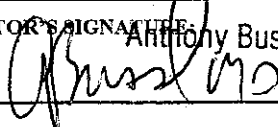
**Effect condition has on Patient's Ability to Function in Correctional Environment:** NONE

**Current Medications:** NAPROXEN, ACTIFED

**Drug Allergies:** NKDA

**Other Significant Medical Condition:** ALLERGIC RHINITIS

**Primary Impression/Procedure Requested at this Time:** RIGHT VOCAL CORD LESION, R/O REFLUX. PLEASE PERFORM A BARIUM SWALLOW

DOCTOR'S SIGNATURE:  Anthony Bussanich, M.D.	APPROVAL DATE	TO BE SEEN NO LATER THAN: NOVEMBER 2000
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### CONSULTANT SECTION

SIGNIFICANT FINDINGS:	
report to follow	
N. Kant MD	
DIAGNOSIS:	
Anthony Bussanich, M.D. 1/20/01	
TREATMENT: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)	
Follow Up #1: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)	
SIGNATURE AND TITLE OF PROVIDER	
DATE	
DATE OF INCARCERATION	USP LEWISBURG, PA 17837
CUSTODY LEVEL:	

**PATIENT'S IDENTIFICATION:**  
TILLMAN, RONALD 85375-071

SENSITIVE  
LIMITED OFFICIAL USE  
CONSULTATION SHEET  
STANDARD FORM 513 (Rev 3/99)

1124728-0  
 DALL TILLMAN  
 17637  
 202159  
 9/11/1959

# Evangelical Community Hospital

ONE HOSPITAL DRIVE  
 LEWISBURG, PA 17837

## MEDICAL PARK EAR NOSE & THROAT PATIENT INSTRUCTION SHEET

PATIENT'S NAME \_\_\_\_\_

The following is a listing of Patient Instructions. The paragraph which applies to you has been checked. Please read and follow all instructions carefully. If you have any problems or questions, please call the office at 523-1163. If it is after hours and your call is not returned within 30 minutes, call again.

### DIET

- ☐ Begin with cool fully liquid substances and advance as desired, but **DO NOT** eat or drink anything hot. Warm liquids are permissible.
- ☐ Eat only soft foods — anything that can be mashed with a fork.
- ☒ May have your usual diet.
- ☐ Other \_\_\_\_\_

### ACTIVITY

- ☐ Do not blow nose, may sniff back. Sneeze with mouth open.
- ☐ Do not talk — please write all communications.
- ☐ May talk in normal conversation — no yelling or singing.
- ☐ Lift less than 25 lbs.
- ☐ Light household chores.
- ☐ Keep pad on nose for \_\_\_\_\_ hours.
- ☐ May resume sexual intercourse in \_\_\_\_\_ days.
- ☒ Normal, ~~as~~

### BATHING

- ☐ May wash hair in sink with help.
- ☒ May shower.
- ☐ Only tub bath — keep area clean and dry.
- ☐ Place cotton covered with Vaseline in ears at bath time till seen in follow-up.

### WOUND CARE

- ☐ Clean area with Hydrogen Peroxide and Q-Tips once a day.
- ☐ Apply Bacitracin ointment \_\_\_\_\_.
- ☐ No dressing necessary.
- ☐ Change bandage as needed.
- ☐ Purchase dressing at pharmacy and change as needed.
- ☐ Keep nasal splint on and attempt to keep dry.

RETURN VISIT *Will be notified if follow up visit necessary*

- ☐ Call office as soon as possible to schedule appointment in \_\_\_\_\_ days, or \_\_\_\_\_ week(s).

### EMPLOYMENT

- ☐ Expect to return to work / school in \_\_\_\_\_ days / weeks.
- ☐ No gym class for \_\_\_\_\_ days / weeks.

### MEDICATIONS

- ☐ Ocean nasal spray. (3) sprays each side of nose and sniff back. Repeat 6-10 times daily.
- ☒ Tylenol — appropriate dose per age, every four (4) hours as needed for pain. **R. 84**
- ☐ Darvocet N 100 — one (1) tablet every four (4) hours as needed for pain.
- ☐ Tylenol with Codeine Elixir: take \_\_\_\_\_ teaspoons every 4 hours as needed for pain.
- ☐ Pediotic ear drops, place 2 drops each ear three times a day while drainage is observed. Drops are not necessary if no drainage is observed.
- ☐ Other: \_\_\_\_\_

### MISCELLANEOUS



(Parent's or Responsible Party's signature)

*[Signature]*  
 Physician

SENSITIVE 29/01

Date

LIMITED OFFICIAL USE

RECORDS	CONSULTATION SHEET	
TO: ROBBS- OUTSIDE	FROM: (Requesting Clinician/Physician) Doctor Bussanich/ PA Bogler	DATE OF REQUEST 10-31-2000

**Chief Complaint:** THIS IS A 43 YEAR OLD INMATE WHO COMPLAINS OF A FULLNESS IN HIS THROAT WHEN HE SWALLOWS EITHER LIQUIDS OR SOLIDS X 4 MONTHS. HE WAS SEEN BY YOU ON 10-31-2000 IN YOUR OFFICE WHEN YOU COMMENDED A BARIUM SWALLOW TO R/O REFLUX FOLLOWED BY MICRO-DIRECT LARYNGOSCOPY WITH BIOPSY OF A LESION ON THE RIGHT VOCAL CORDS, AND ALSO ESOPHAGOSCOPY.

**History of Present Illness:** AS ABOVE

**Significant Physical Examination Findings:**

**Significant Diagnostic Studies Done:** CT SCAN 10-4-2000

**Summary of Prior Treatment for Present Condition:** NONE

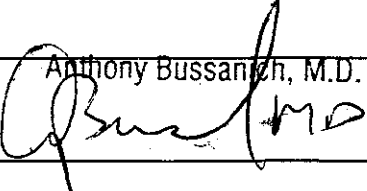
**Effect condition has on Patient's Ability to Function in Correctional Environment:** NONE

**Current Medications:** NAPROXEN, ACTIFED

**Drug Allergies:** NKDA

**Other Significant Medical Condition:** ALLERGIC RHINITIS

**Primary Impression/Procedure Requested at this Time:** RIGHT VOCAL CORD LESION, R/O REFLUX. PLEASE PERFORM A MICRO- DIRECT LARYNGOSCOPY, BIOPSY OF RIGHT VOCAL CORD LESION, AND ESOPHAGOSCOPY

DOCTOR'S SIGNATURE:	APPROVAL DATE	TO BE SEEN NO LATER THAN: DECEMBER 2000 AFTER BARIUM
 Anthony Bussanich, M.D.		SWALLOW COMPLETED

#### CONSULTANT SECTION

SIGNIFICANT FINDINGS:

DIAGNOSIS:

TREATMENT: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)

Follow Up #1: (Whenever possible, provide recommendation which permit continued care of the inmate within the institution setting, and, if possible, by institution Staff.)

TILLMAN, RONALD 85375-071

USP LEWISBURG, PA 17837

SENSITIVE  
LIMITED OFFICIAL USE

UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF PENNSYLVANIA

RONALD TILLMAN, :  
Plaintiff :  
v. : Civil No. 1:CV-00-2041  
DONALD ROMINE, et al., : (Caldwell, J.)  
Defendants :

CERTIFICATE OF SERVICE BY MAIL

The undersigned hereby certifies that she is an employee in the Office of the United States Attorney for the Middle District of Pennsylvania and is a person of such age and discretion as to be competent to serve papers.

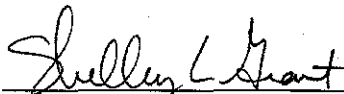
That on June 20, 2001, she served a copy of the attached

RECORD TO BRIEF IN SUPPORT OF THE DEFENDANTS'  
MOTION FOR SUMMARY JUDGMENT

by placing said copy in a postpaid envelope addressed to the person hereinafter named, at the place and address stated below, which is the last known address, and by depositing said envelope and contents in the United States Mail at Harrisburg, Pennsylvania.

Addressee:

Ronald Tillman  
Reg. No. 85375-071  
FCI Edgefield  
P.O. Box 724  
Edgefield, S.C. 28824

  
SHELLEY L. GRANT  
Paralegal Specialist